	chedule E)	PAGE 1 OF 164 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷v	Vomen Speak Out PAC	C C00530766
Che	neck if X 24-hour report 48-hour report New report Amends report filed of	on Mam / Dad / Yayayay
Т		Date of Public Distribution/Dissemination
	Darius Beverly	10 29 2014
	Mailing Address 157 Bishop Drive	Amount
1	City State Zip Code	75.00
	Avondale LA 70094	Transaction ID : 5fb6b6c7-526c-4b46-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 29 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disburs 221046.76 Disburs	sement For:
	Full Name of Payee	Date of Public Distribution/Dissemination
	Ms. Dinah Beverly	10 29 / 2014
	Mailing Address 157 Bishop Drive	Amount
ŀ	City State Zip Code	75.00
	1001	Transaction ID : 8e6264a2-800b-48e4-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 29 / 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbure 221046.76 Disbure 2014	rsement For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures	150.00
((b) SUBTOTAL of Unitemized Independent Expenditures	
	The state of the s	7 7 7
((c) TOTAL Independent Expenditures	7 7 7
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	M / D D / Y B Y B Y B Y B Y B Y B Y B Y B Y B Y
	Signature	

Schedule E)	VI EXI END	ITOTILO		PAGE 2 OF 164 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼		
Women Speak Out PAC			C	C00530766		
heck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Pub	olic Distribution/Dissemination		
Ms. Dinah Beverly			10	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 157 Bishop Drive			Amount			
City	State	Zip Code		4.50		
Avondale	LA	70064		n ID: a120a670-c3fd-4506-8 bursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		221046.76	Disbursement For: 2014 Other (Primary X General Specify) ▶		
Full Name of Payee			Date of Pul	blic Distribution/Dissemination		
Chance B Ross			10	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 920 W Gracewood Apt 106			Amount			
City	State	Zip Code		40.00		
Fayetteville	AR	72701		ID: 3e6a8f7f-bf1a-4411-b bursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	7	217465.67	Disbursement For: 2014 Other (Primary X General Specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditu	res			44.50		
				7- 1-2-		
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	p 1 2 2 1 2 2		
(c) TOTAL Independent Expenditures			·	p		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 31			
•						

Name of Federal Candidate Name of Federal Candidate Support		icuaic Ly			FOR SE OF	FORM 24/48
Check if 24-hour report				FEC	IDENTIFICATI	ON NUMBER ▼
Full Name of Payee Chance B Ross Mailing Address 920 W Gracewood Apt 106 City State Zip Code Purpose of Expenditure Mileage Sarah Bassi Mailing Address 7650 Fallswood Way City State Zip Code Wr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Zip Code Wr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Zip Code Sarah Bassi Mailing Address 7650 Fallswood Way City State Zip Code Wr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Zip Code Sarah Bassi Mailing Address 7650 Fallswood Way City State Zip Code Under payee Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Purpose of Expenditure Sarah Bassi Mailing Address 7650 Fallswood Way City State Zip Code Under Date of Disbursement or City State Wr. Gregory Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Purpose of Expenditure Sarah Bassi Mailing Address 7650 Fallswood Way City State Zip Code Under Purpose of Expenditure Sarah Bassi Mailing Address 7650 Fallswood Way City State Zip Code Under Purpose of Expenditure Sarah Bassi Mailing Address 7650 Fallswood Way City State Zip Code Under Purpose of Expenditure Sarah Bassi Mailing Address 7650 Fallswood Way City State Zip Code Under Purpose of Expenditure Sarah Bassi Calendar Year-To-Date President Senate State: KS Disbursement For: Primary Genera Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-	VV	omen Speak Out PAC		С	C00530766	
Chance B Ross Mailing Address 920 W Gracewood Apt 106 City State Zip Code Fayetteville AR 72701 Purpose of Expenditure Mileage State Category Name of Federal Candidate State Per Election for Office Sought Sarah Bassil Mailing Address 7650 Fallswood Way Full Name of Payee Sarah Bassil Mailing Address 7650 Fallswood Way Category Name of Federal Candidate State AR 2014 Other (specify) ► Full Name of Payee Sarah Bassil Mailing Address 7650 Fallswood Way City State Zip Code Lorion VA 22079 Purpose of Expenditure Salary Name of Federal Candidate Salary Name of Federal C	Che	ck if 24-hour report 48-hour report New report Amends report	t filed or	M = M	/ D D /	Y = Y = Y = Y
Mailing Address 920 W Gracewood Apt 106 City State Zip Code AR 72701 Purpose of Expenditure Milesge Category/ Type 002 Name of Federal Candidate Support Office Sought Sarah Bassil Full Name of Poyee Sarah Bassil Mailing Address 7650 Fallswood Way City State Zip Code Lorton VA 22079 Purpose of Expenditure Salary Purpose of Expenditure Salary Category/ Type 002 Mr. Greg Orman Name of Poyee Sarah Bassil Mailing Address 7650 Fallswood Way City State Zip Code Lorton VA 22079 Purpose of Expenditure Salary Purpose of Expenditure Salary Office Sought 10 29 2014 Amount Transaction ID : af6c05fa-652-4094-a Date of Disbursement For: Primary General Category/ Disbu	Т	Full Name of Payee		ate of Pu	blic Distribution	/Dissemination
City Fayetteville AR 72701 Purpose of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Sarah Bassil Mailing Address 7650 Fallswood Way City State Category' Transaction ID: afect5t-952a-409t-a Date of Diebursement or Obligation To 29 2014 Amount Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Sarah Bassil Mailing Address 7650 Fallswood Way City State Category' Furpose of Expenditure Salary Category' Transaction ID: acabee*/1-97ba-423-49 Transactio		Chance B Ross				
Fayetteville AR 72701 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pyor Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Mr. Mark L Pyor Calendar Year-To-Date Per Election for Office Sought Category/ Tiype OO2 Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement or Obligation President Senate Senate State: AR Disbursement For: Primary Genera 2014 Other (specify) Full Name of Payee Sarah Bassil Mailing Address 7650 Fallswood Way Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement or Obligation President Senate Senate Senate State: AR Disbursement For: Date of Public Distribution/Dissemination Amount Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Disburse		Mailing Address 920 W Gracewood Apt 106	A	mount		
Fayetteville AR 72701 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pyor Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Mr. Mark L Pyor Calendar Year-To-Date Per Election for Office Sought Category/ Tiype OO2 Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement or Obligation President Senate Senate State: AR Disbursement For: Primary Genera 2014 Other (specify) Full Name of Payee Sarah Bassil Mailing Address 7650 Fallswood Way Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement or Obligation President Senate Senate Senate State: AR Disbursement For: Date of Public Distribution/Dissemination Amount Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Public Distribution/Dissemination Transaction ID: af6c0sfa-852e-4097-a Date of Disbursement For: Date of Disburse	H	City State Zin Code	— r			21.00
Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Sarah Bassil City State Lorton VA 22079 Purpose of Expenditure Sarah Bassil City State Lorton VA 22079 Purpose of Expenditure Salary Name of Pederal Candidate Name of Pederal Candidat						-852e-409f-a
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Sarah Bassil Mailing Address 7650 Fallswood Way City State Zip Code Lorton VA 22079 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 Date of Disbursement or Obligation Transaction ID: 3e5be5r1-97be 4234-9 D		Mileage Category/ 002		M M	/ D D /	Y Y Y Y Y
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought President Calendar Year-To-Date Per Election for Office Sought 217465.67 Disbursement For:	h	Name of Federal Candidate Support	Office S	ought:	House	District: 00
Per Election for Office Sought Pull Name of Payee Sarah Bassil Mailing Address 7650 Fallswood Way City State Zip Code Lorton VA 22079 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Other (specify) Date Date of Public Distribution/Dissemination 10 29 29 2014 Transaction ID: 0a6bee7f-97ba-4234-9 Date of Disbursement For: 0a6bee7f-97ba-4234-9 Date of Public Distribution/Dissemination 10 29 29 2014 Transaction ID: 0a6bee7f-97ba-4234-9 Date of Disbursement For: 0a6bee7f-97ba-4234-9 Date of Disbursement For: 0a6bee7f-97ba-4234-9 Date of Public Distribution/Dissemination 10 29 29 2014 Transaction ID: 0a6bee7f-97ba-4234-9 Date of Disbursement For: 0a6bee7f-97ba-4234-9 Date o		Ma Madal Brass		•		State: AR
Full Name of Payee Sarah Bassil Mailing Address 7650 Fallswood Way Amount City State Zip Code Lorton VA 22079 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. (Electronically Filed) Date Other (specify) Amount Transaction ID: 0.366667'-97ba-4234-9 Date of Disbursement or Obligation Transaction ID: 0.366		047405.07		ement For	: Primary	General
Sarah Bassil Mailing Address 7650 Fallswood Way	L	Per Liection for Office Sought		Other	(specify) ►	
Mailing Address 7650 Fallswood Way City State Zip Code Lorton VA 22079 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan Electronically Filed Date 10 31 2014						/Dissemination
Lorton VA 22079 Transaction ID: 0a6b6e7f-97ba-4234-9 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Category/ Type Office Sought: House District: 00 President Senate State: KS Calendar Year-To-Date Per Election for Office Sought 196953.44 Disbursement For: Primary General Candidate Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. [Electronically Filed] Date 10 10 29 72014 Office Sought: House District: 00 Name of Federal Candidate Note: 00 10 10 10 10 10 10 10 10 10 10 10 10 1	-	Mailing Address 7650 Fallswood Way			29	2014
Lorton VA 22079 Transaction ID: 0a6b6e7f-97ba-4234-9 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Category/ Type Office Sought: House District: 00 President Senate State: KS Calendar Year-To-Date Per Election for Office Sought 196953.44 Disbursement For: Primary General Candidate Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. [Electronically Filed] Date 10 10 29 72014 Office Sought: House District: 00 Name of Federal Candidate Note: 00 10 10 10 10 10 10 10 10 10 10 10 10 1	ŀ	City State Zip Code	 [30.00
Purpose of Expenditure Salary Category/ Type			Tr	ansaction	n ID : 0a6b6e7f	97ba-4234-9 Obligation
Mr. Greg Orman Calendar Year-To-Date President Senate State: KS		Salary Odlegory 001		M M	/ D D /	YYYY
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support	Office S	ought:	House	District:00
Per Election for Office Sought 196953.44 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures		Mr. Greg Orman Oppose	Р	resident	X Senate	State: KS
(c) TOTAL Independent Expenditures		400050 44				/ Kaneral
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M. M	(a	a) SUBTOTAL of Itemized Independent Expenditures			7 7	51.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M. M	(k	b) SUBTOTAL of Unitemized Independent Expenditures	•	• •	7 7	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date The reporting entity is not a political party committee or its agent.	(0	C) TOTAL Independent Expenditures	•		7	
[Electronically Filed] Date 10 31 2014	W	ith, or at the request or suggestion of, any candidate or authorized committee or agent of				
Butto		[E1 - 4				
Signature		Signature		نا د		

PAGE 3

OF

Schedule E)	INI EXI END	ITORES		PAGE 4 OF 164 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼			
Women Speak Out PAC			C	C00530766			
Check if 24-hour report 48-hour report	heck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Publ	ic Distribution/Dissemination			
Eric J Smith			10	29 / 2014			
Mailing Address 4967 Dysartville			Amount				
City	State	Zip Code		80.00			
Morganton	NC	28655		ID: 698818f5-2009-47e0-8 ursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		X Oppose		Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	10	074185.10	Disbursement For: 2014 Other (s	Primary X General pecify) ▶			
Full Name of Payee			Date of Publ	ic Distribution/Dissemination			
Jennifer E Smith			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 4967 Dysartsville Rd			Amount	23 2014			
City Morganton	State NC	Zip Code 28655		80.00 D: 522b69f9-ce3a-4558-9 oursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	Date of Disb	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		X Oppose		Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		1074185.10	Disbursement For: 2014 Other (s	Primary X General pecify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			160.00			
(-)			7	7			
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	4 1 2			
(c) TOTAL Independent Expenditures			·	4			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 31	2014			
-							

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC	DENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	С	C00530766
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on M M	/ D = D / Y = Y = Y
T	Full Name of Payee Jennifer E Smith	Date of Pu	ublic Distribution/Dissemination
		10	29 2014
	Mailing Address 4967 Dysartsville Rd	Amount	
ŀ	City State Zip Code	L	8.70
	Morganton NC 28655		on ID: 7e533239-313e-4822-a sbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10	29 / 2014
	Name of Federal Candidate Support Office	Sought:	House District:00
	Ms. Kay Hagan Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For	r: Primary X General
	Full Name of Payee James Kindstedt Mailing Address 5510 Dogwood Dr	Date of Pu	ublic Distribution/Dissemination
ŀ	City State Zip Code		23.00
	·		n ID : 3d9f4772-eb37-4645-8 isbursement or Obligation
ľ	Purpose of Expenditure Salary Category/ Type 001	10	
ľ	Name of Federal Candidate Support Office	Sought:	House District:00
	Ms. Kay Hagan Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement Fo	r: Primary ⊠ General (specify) ▶
(6	a) SUBTOTAL of Itemized Independent Expenditures		31.70
(1	b) SUBTOTAL of Unitemized Independent Expenditures		211212
(0	TOTAL Independent Expenditures		7 1 7 1 7
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not ma rith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	DM / D	2014
	Signature		

PAGE

OF

Schedule E)	INI EXI END	ITORES	<u> </u>	PAGE 6 OF 164 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼		
Women Speak Out PAC			C c	00530766		
heck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee James Kindstedt			M = M /	Distribution/Dissemination		
Mailing Address 5510 Dogwood Dr			Amount	29 2014		
City	State	Zin Codo		8.43		
Winston Salem	NC	Zip Code 27105		: b71f7cbe-16e4-4be1-b		
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		Oppose	President X			
Calendar Year-To-Date Per Election for Office Sought	10	074185.10	Disbursement For: 2014 Other (spec	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Joanna Kindstedt			M M /	29 2014		
Mailing Address 2134 Tobaccoville Rd			Amount	20 .2011		
City	State	Zip Code		23.00		
Rural Hall	NC	27045		0645389e-eece-4589-b sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10 /	29 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	7	1074185.10	Disbursement For: 2014 Other (spec	Primary		
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	31.43		
(b) SUBTOTAL of Unitemized Independent Expen-	dituros					
(b) SOBTOTAL OF OTHER HIZER INDEPENDENT EXPEN	Jitures		•	4		
(c) TOTAL Independent Expenditures			>	7		
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 31	2014		

Schedule E)		110.120		PAGE 7 OF 164 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)					
Women Speak Out PAC					
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y Y Y Y Y	
Full Name of Payee Deborah L Fulthorp					
Mailing Address 4113 Melissa Dr			— L	10 29 2014	
			Amour	nt	
City	State	Zip Code		45.00	
Farmville	NC	27828			
Purpose of Expenditure Salary		Category/ Type 001	M	10 29 / 2014	
Name of Federal Candidate		Support	Office Sought	:: House District:00	
Ms. Kay Hagan		X Oppose	Preside	NC NC	
Calendar Year-To-Date Per Election for Office Sought	11	074185.10	Disbursement 2014	FOR SE OF FORM 24/48 FEC IDENTIFICATION NUMBER C C00530766 M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Full Name of Payee					
Deborah L Fulthorp				-M / D D / Y Y Y Y	
Mailing Address 4113 Melissa Dr			<u> </u>	10 29 2014	
4110 Mollood Di			Amour	nt	
City	State	Zip Code		12.60	
Farmville	NC	27828	Transa Date o	ction ID : dec519d3-db1f-4fd5-b of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	М	-M / D D / Y Y Y Y	
Name of Federal Candidate		Support	Office Sough	t: House District: 00	
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7 7	1074185.10	Disbursement 2014		
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			57.60	
(b) SUBTOTAL of Unitemized Independent Expendent	itures				
(c) TOTAL Independent Expenditures			· ·		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized				
Ms. Emily Buchanan	[Electroi	nically Filed] Date	10	31 2014	
Signature					

Schedule E)	ADENT EXTEND	TOTILO		PAGE 8 OF 164 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C						
Check if 24-hour report 48-hour rep	heck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Virginia M Stevens			M = M	c Distribution/Dissemination			
Mailing Address 1691 Fork Mtn Rd			Amount	29 2014			
City	State	Zin Codo		60.00			
Bakersville	NC	Zip Code 28705		ID: c8fa601d-48a8-4df3-b ursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	M 10	29 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		X Oppose		Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	10	74185.10	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ►			
Full Name of Payee			Date of Publ	ic Distribution/Dissemination			
Virginia M Stevens			M M M 10	29 2014			
Mailing Address 1691 Fork Mtn Rd			Amount				
City	State	Zip Code		25.20			
Bakersville	NC	28705		D: 3a0cc053-39a9-4c2f-8 ursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Kay Hagan		X Oppose	President	Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		1074185.10	Disbursement For: 2014 Other (s	Primary X General pecify) ▶			
(a) SUBTOTAL of Itemized Independent Exp	penditures			85.20			
(b) SUBTOTAL of Unitemized Independent I	- - - - - - - - - - - - - - - - - - -						
(a) 002101112 or 011110111111111111111111111111111111				45			
(c) TOTAL Independent Expenditures			•				
Under penalty of perjury I certify that the in- with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 31	2014			
- 3							

Schedule E)	INT EXICID	HONES	_	PAGE 9 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Lorri Anderson			10	29 / 2014
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		35.00
Charlotte	NC	23215		: 6e8748ae-4d4a-4aeb-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	10	074185.10	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Lorri Anderson			10	29 / 2014
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		3.60
Charlotte	NC	23215		c51f719f-e875-4e48-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	1074185.10	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			38.60
, ,				7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		· >	7 7
(c) TOTAL Independent Expenditures			•	45
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 31	2014
S.g.iataio				

Schedule E)		PAGE 10 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
	w report Amends report	filed on
Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination
Mailing Address 184 South Military Rd		10 29 2014
		Amount
City State	Zip Code	20.00
Slidell LA	70458	Transaction ID: dd12cb33-b1d0-4ed3-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 29 / Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Aaron R Cowart		10 29 2014
Mailing Address 184 South Military Rd		
		Amount
City State	Zip Code	9.00
Slidell LA	70458	Transaction ID : ded88a98-074a-4241-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 29 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures)	29.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expendi with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Ms. Emily Buchanan	ectronically Filed] Date	10 31 2014
Signature		

Schedule E)	TI EXI EITE			PAGE 11 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FFC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Eugenio R McClure			Date of Pub	lic Distribution/Dissemination
Mailing Address 2914 Anderson Rd			Amount	29 2014
City	State	Zip Code		35.00
Burlington	NC	27217		n ID: 8b063fd9-0977-442f-a pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	074185.10	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Eugenio R McClure			10	29 / 2014
Mailing Address 2914 Anderson Rd			Amount	
City	State	Zip Code		7.20
Burlington	NC	27217		ID: 49b9555b-061b-4864-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 ^M	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1074185.10	Disbursement For: 2014 Other (s	Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		• [] [42.20
(b) SUBTOTAL of Unitemized Independent Expendent	litures		. •	
(c) TOTAL Independent Expenditures			.	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 31	2014

	,			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	F	EC ID	ENTIFICATIO	N NUMBER ▼
۷۷	omen Speak Out PAC		C	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M	M /	D D /	Y
П	Full Name of Payee	Date of	Public	Distribution/	Dissemination
	Linda J Fueling	M 1	0 /	29	2014
	Mailing Address 6424 Purple Martin Ct	Amount			
ı	City State Zip Code				40.00
	Wilmington NC 28411			D : 171ba897	-02a4-404e-b bligation
	Purpose of Expenditure Salary Category/ Type 001	M		29	2014
ľ	Name of Federal Candidate Support Office	Sought:		House I	District: 00
	Ms. Kay Hagan Oppose	Presiden	t >	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement Oth		Primary ecify) Primary	X General
	Full Name of Payee Linda J Fueling	М	Public 0 /	Distribution/	Dissemination 2014
	Mailing Address 6424 Purple Martin Ct	Amount			
ľ	City State Zip Code				11.49
	54): e0602a1d- irsement or C	
	Purpose of Expenditure Mileage Category/ Type 002		0 /	29	2014
ľ	Name of Federal Candidate Support Office	Sought:		House	District: 00
	Ms. Kay Hagan Oppose	Presiden	it >	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures		7		51.49
(b) SUBTOTAL of Unitemized Independent Expenditures		-7-		-
(c) TOTAL Independent Expenditures		-7-	7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	O /	31	/ Y Y 201	
	Signature				

PAGE

OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y I Y I Y I Y
	Full Name of Payee	Date o	of Pub	olic Distribution	Dissemination
	Nicholas O Wilcox		10 ^M	29	2014
	Mailing Address 1981 Cherokee St	Amour	nt		
ŀ	City State Zip Code	Г.			52.00
	Baton Rouge LA 70806			n ID : a7c6904c	
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	29	2014
Ì	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms Mary Llandrieu	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 221046.76 Disbut 2014	rsement		Primary specify) ▶	X General
	Full Name of Payee Nicholas O Wilcox			olic Distribution	/Dissemination
	Mailing Address 1981 Cherokee St	A	10	29	2014
		Amou	nt		
ľ	City State Zip Code				6.12
	Baton Rouge LA 70806			ID: 5113eb91 bursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002	M	10 ^M	29	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 221046.76	rsemen		Primary specify) ▶	General
((a) SUBTOTAL of Itemized Independent Expenditures			- 1 - 7-	58.12
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures	Ľ.		7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	31	D / Y Y 201	4
	Signature		_		

PAGE

13

OF

Schedule E)		PAGE 14 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Andrea L Hammond	Dat	te of Public Distribution/Dissemination
Mailing Address 12920 Kneeland Ln		10 29 2014
	AIII	nount
City State Zip C		100.00
Neosho MO 6485		ansaction ID : eefb453c-4948-44f8-9 te of Disbursement or Obligation
Purpose of Expenditure Salary Cate	tegory/ Type 001	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District:00
Mr. Mark L Pryor		sident State: AR
Calendar Year-To-Date Per Election for Office Sought 21746	5.67 Disbursem	nent For:
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Andrea L Hammond		M = M / D = D / Y = Y = Y
Mailing Address 12920 Kneeland Ln		10 29 2014
12920 Kileelaliu Lii	Am	nount
City State Zip C	Code	33.00
Neosho MO 6488	50 Trai	nsaction ID: 0a56e566-4ec4-400a-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage Cate	tegory/ Type 002	10 29 2014
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Mr. Mark L Pryor		sident State: AR State:
Calendar Year-To-Date Per Election for Office Sought 21	7465.67 Disbursen 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	133.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures repor with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically I	Filed] Date 10	31 2014
Signature		

Schedule E)				PAGE 15 OF 164 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼	
Women Speak Out PAC			С	C00530766	
heck if X 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee Judith A Murphy			Date of Pu	blic Distribution/Dissemination	
Mailing Address PO Box 37			Amount	29 2014	
City	State	Zin Codo		55.00	
East Bend	NC	Zip Code 27018		on ID: 0f6c5faa-ce98-476f-8 sbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10	29 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Kay Hagan		X Oppose	President	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	10	74185.10	Disbursement For 2014 Other	: Primary X General	
Full Name of Payee Judith A Murphy			M = M	ublic Distribution/Dissemination	
Mailing Address PO Box 37			Amount	29 2014	
City	State	Zip Code		11.85	
East Bend	NC	27018		n ID : 1f351d0c-c2e9-4edf-b sbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10 10	/ 29 / Y Y Y Y Y 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Kay Hagan		X Oppose	President	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1074185.10	Disbursement For 2014 Other	r: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures.			·	66.85	
(b) SUBTOTAL of Unitemized Independent Expenditur	es		•		
(c) TOTAL Independent Expenditures			·	7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized				
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	10 / 3		

							FOR SE OF	FORM 24/48
NAME OF COMMITTEE (FEC	IDENTIFICATION	ON NUMBER ▼
Women Speak O	ut PAC					С	C00530766	
Check if X 24-hour repo	ort 48-hour report	New repor	t Am	nends repo		и = м	/ D = D /	Y Y Y Y
Full Name of Payee	ID				Date	of Pub	lic Distribution/	Dissemination
Claud B Murph						10 ^M	/ D D /	2014
Mailing Address PO E	sox 37				Amou	unt		
City	Stat	te Z	Zip Code		— IT.			55.00
East Bend	NO		27018				ID: 1726fc0b oursement or C	-5e82-4f29-b
Purpose of Expenditur Salary	е		Category/ Type	001		10	29	2014
Name of Federal Can	didate			Support	Office Soug	ht:	House	District:00
Ms. Kay Hagan				Oppose	Presid		X Senate	State: NC
Calendar Year-To- Per Election for C		107	4185.10		Disbursement 2014		Primary	K General
Full Name of Payee Corey S McKnig	Jht					of Pub	olic Distribution	Y Y Y Y Y
Mailing Address 15	10 Bailey St				Amo	10 unt	29	2014
City	Sta	to	Zip Code			-		75.00
West Monroe	LA		71292				ID: 1277bf67- bursement or 0	8b32-4624-8
Purpose of Expenditure Salary	re		Category/ Type	001		10	/ 29 /	2014
Name of Federal Can	didate			Support	Office Soug	ht:	House	District: 00
Ms. Mary L Landrieu			X	Oppose	Presid	dent	X Senate	State: LA
Calendar Year-To Per Election for (221046.7	6	Disburseme 2014		Primary specify) ▶	General
(a) SUBTOTAL of Item	ized Independent Expenditures				· [-7	- 1 - 7-	130.00
(b) SUBTOTAL of Unit	emized Independent Expenditures.				· -		- 1 - 2	
(c) TOTAL Independen	t Expenditures				•			
with, or at the request	y I certify that the independent ex or suggestion of, any candidate or olitical party committee or its agent	authorized of						
Ms. Emily I	Buchanan	[Electronic	ally Filed]	Date	10 /	31	201	4
Signature								

PAGE

16

OF

NAME OF COMMITTEE (In Full) Women Speak Out PAC	ON NUMBER ▼					
Women Speak Out PAC						
C C0053076						
heck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee John K Necaise III Date of Public Distribution/	/Dissemination					
10 29	2014					
Mailing Address 1905 Franklin Ave Amount						
City State Zip Code	35.00					
New Orleans LA 70117 Transaction ID : 1a29d14c						
Purpose of Expenditure Salary Category/ Type 001 10 29	2014					
Name of Federal Candidate Support Office Sought: House	District: 00					
Ms. Mary L Landrieu	State: LA					
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary 2014 □ Other (specify) ▶	General					
Full Name of Payee Date of Public Distribution.	/Dissemination					
John K Necaise III	2014					
Mailing Address 1905 Franklin Ave Amount						
City State Zip Code	12.81					
New Orleans LA 70117 Transaction ID : 15512c29- Date of Disbursement or 0						
Purpose of Expenditure Mileage Category/ Type 002 10 10 29	2014					
Name of Federal Candidate Support Office Sought: House	District:00					
Ms. Mary L Landrieu Oppose President Senate	State: LA					
Calendar Year-To-Date Per Election for Office Sought 221046.76 Disbursement For: Primary 2014 Other (specify) ▶	General					
(a) SUBTOTAL of Itemized Independent Expenditures	47.81					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consulta with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is party committee) any political party committee or its agent.						
Ms. Emily Buchanan [Electronically Filed] Date 10 31 201	4					

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
David Ford	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 106 Hillside St	ount
City State Zip Code	67.50
Spindale NC 28160 Trai	nsaction ID: 9723243b-49dd-4e91-8 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 29 7 2014
Name of Federal Candidate Support Office Sou	ight: House District: 00
Ms. Kay Hagan Oppose Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee David Ford	te of Public Distribution/Dissemination
Mailing Address 106 Hillside St	10 29 2014 nount
City State Zip Code	40.53
Spindale NC 28160 Tran	nsaction ID : 5492f4ef-9f96-460e-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ıght: House District: 00
Ms. Kay Hagan Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	108.03
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	31 2014
Signature	

PAGE 18

OF

Schedule E)	ENT EXILID	THORIES	<u> </u>	PAGE 19 OF 164 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼		
Women Speak Out PAC			C c	00530766		
heck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Anselma A Trinidad			M = M /	Distribution/Dissemination		
Mailing Address 7915 Curtina Ln			10 Amount	29 2014		
011	01-1-	7:- 0-1-		70.00		
City Lewisville	State NC	Zip Code 27023		70.00 : 90ddbae5-1236-492f-a ement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10 10 10 10 10 10 10 10 10 10 10 10 10 1	29 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President X			
Calendar Year-To-Date Per Election for Office Sought	10	074185.10	Disbursement For: 2014 Other (spec	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Misty A Ledford			10	29 / 2014		
Mailing Address 44 Bell St			Amount			
City	State	Zip Code		60.00		
Spruce Pine	NC	28777		c7ed81b8-a2e8-47ea-b sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10 /	29 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1074185.10	Disbursement For: 2014 Other (spec	Primary X General		
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	130.00		
(b) SUBTOTAL of Unitemized Independent Expe	enditures					
(c) TOTAL Independent Expenditures			>			
Under penalty of perjury I certify that the indeposition of, any can party committee) any political party committee or	didate or authorized					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 31	2014		

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Ch	eck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y Y Y Y Y
П	Full Name of Payee	Date of	of Pub	olic Distribution	/Dissemination
١	Misty A Ledford		10 ^M	/ 29 /	2014
	Mailing Address 44 Bell St	Amour	nt		
	City State Zip Code		-		21.60
	Spruce Pine NC 28777			n ID: 3f7390d3 bursement or (3-1ca6-4655-9
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	29	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement		Primary specify) ▶	General
	Full Name of Payee Sarah Bassil	Date o	- M	olic Distribution	Y Y Y Y Y
	Mailing Address 7650 Fallswood Way	Amou	10 nt	29	2014
1	City State Zip Code	Г.			30.00
	Lorton VA 22079			ID: 6befddae- bursement or 0	-0ecc-40bc-9
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	/ 29 /	2014
1	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	/ X General
	(a) SUBTOTAL of Itemized Independent Expenditures				51.60
	(b) SUBTOTAL of Unitemized Independent Expenditures			p 1 2p	
	(c) TOTAL Independent Expenditures			7 - 7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	O /	31	D / Y Y 201	4
	Signature		_		

PAGE

20

OF

	modulo E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M	M	/ D = D /	Y = Y = Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution	/Dissemination
	Heather A Smith	М	10 ^M	/ 29 /	2014
	Mailing Address 995 Clairborne Rd	Amou	nt		
-	City State Zip Code				34.00
	Calhoun LA 71225			n ID: acb67940 bursement or 0	6-726d-4e57-8
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	29	2014
ľ	Name of Federal Candidate Support Office	e Sough	t:	House	District:00
	Ms. Mary L Landrieu Oppose	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 221046.76 Disbut 2014			,	General
ŀ	Full Name of Payee			specify)	/Dissemination
	Heather A Smith	_	of Pub	olic Distribution	/Dissemination 2014
	Mailing Address 995 Clairborne Rd	Amou	-	23	2014
-	City State Zip Code		_		13.50
		Transa Date	ction of Disl	ID: 37b4e2ed bursement or 0	-0b97-4938-a Obligation
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	/ 29 /	2014
	Name of Federal Candidate Support Office	e Sough	t:	House	District:00
		Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	/ X General
((a) SUBTOTAL of Itemized Independent Expenditures			7	47.50
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures			7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	31		Y Y 14
_	Signature				

PAGE 21

OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Cecilia B Johnson	10 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 638 Sawyer Rd	Amount
	City State Zip Code	22.50
	Hays NC 28635	Transaction ID : dfda9b78-429c-4cef-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 29 7 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
	Full Name of Payer	
	Full Name of Payee Cecilia B Johnson	Date of Public Distribution/Dissemination 10 29 2014
	Mailing Address 638 Sawyer Rd	Amount
	City State Zip Code	8.40
	Hays NC 28635	Transaction ID : 72b1ea63-dff3-4015-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 29 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	30.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 31 2014
	Signature	

PAGE

OF

Schedule	e E)		1101120		PAGE 23 OF 164 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Womer	n Speak Out PAC				C C00530766
Check if 2	24-hour report 48-hour report	X New rep	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Na Sam	me of Payee antha S Johnson				of Public Distribution/Dissemination
	Address 638 Sawyer Rd			— L	10 29 2014
				Amou	nt
City		State	Zip Code		25.00
Hays		NC	28635		action ID: bdf1dbb2-e6a6-4503-8 of Disbursement or Obligation
Purpose Salary	e of Expenditure		Category/ Type 001		10 29 / 2014
Name o	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Ka	y Hagan		X Oppose	Preside	NO.
	alendar Year-To-Date er Election for Office Sought	1(074185.10	Disbursemen 2014 O	t For: Primary X General
Full Na	me of Payee				of Public Distribution/Dissemination
	ee G Anderson				-M / D D / Y Y Y Y
Mailing	Address 2226 Enloe St			<u> </u>	10 29 2014
	ZZZO ETIIOG OL			Amou	nt
City		State	Zip Code	$-\Gamma$	10.00
Fayett	eville	NC	28306	Transa Date	oction ID : 1e6fbfa6-6ae0-40aa-a of Disbursement or Obligation
Purpos Salary	e of Expenditure		Category/ Type 001		10 29 / 2014
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Ka	y Hagan		X Oppose	Preside	ent Senate State: NC
	alendar Year-To-Date er Election for Office Sought		1074185.10	Disbursemen 2014	t For: Primary
(a) SUB	TOTAL of Itemized Independent Expend	itures		•	35.00
(b) SUB	TOTAL of Unitemized Independent Expe	nditures		•	
(c) TOTA	AL Independent Expenditures			· •	7 1 7 1 7
with, or a	enalty of perjury I certify that the indepe at the request or suggestion of, any can mmittee) any political party committee or	didate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	10	31 2014
Signa	ature				

Schedule E)	VI EXI END	ITOTILO		PAGE 24 OF 164 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC				C C00530766		
heck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of	of Public Distribution/Dissemination		
Amanda Boley			М	10 29 / Y Y Y Y Y		
Mailing Address Split Oak Drive			Amou	nt		
City	State	Zip Code		60.00		
charlotte	NC	28227		action ID : d25d8062-54e0-41fa-9 of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	М	10 29 / Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sough	t: House District: 00		
Ms. Mary L Landrieu		X Oppose	Preside			
Calendar Year-To-Date Per Election for Office Sought	;	221046.76	Disbursemen 2014 O	t For:		
Full Name of Payee			Date	of Public Distribution/Dissemination		
Amanda Boley			IV	10 / 29 / 2014		
Mailing Address Split Oak Drive			Amou	nt		
City	State	Zip Code	— L.	16.20		
charlotte	NC	28227		oction ID : a03f50ef-da2c-43bb-9 of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	TV	10 / 29 / 2014		
Name of Federal Candidate		Support	Office Sough	t: House District:00		
Ms. Mary L Landrieu		X Oppose	Preside			
Calendar Year-To-Date Per Election for Office Sought	7	221046.76	Disbursemen 2014 O	t For:		
(a) SUBTOTAL of Itemized Independent Expenditu	res			76.20		
				7 7 7		
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7 7		
(c) TOTAL Independent Expenditures			•	7 7		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	31 / 2014		

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on	= M	/ D I D /	Y Y Y Y Y
	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Joshua J Huffman	М	10 ^M	29	2014
	Mailing Address 211 Dixie Ave	Amou	nt		
ŀ	City State Zip Code				35.00
	Harrisonburg VA 22801			n ID: 3d80733a bursement or C	-0923-4942-9
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	/ 29 /	2014
Ì	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Greg Orman Oppose	Preside		X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsemen		Primary specify) ▶	X General
ŀ	Full Name of Payee			olic Distribution/	Discomination
	Thomas A Gawdun	Date	л Рик 10	/ DISTRIBUTION/	2014
	Mailing Address 2207 SE 64th St	Amou	-	20	2011
ŀ	City State Zip Code	Г.			60.00
				ID: f4a07958-s	
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	29	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsemen		Primary specify) ▶	X General
((a) SUBTOTAL of Itemized Independent Expenditures			7	95.00
((b) SUBTOTAL of Unitemized Independent Expenditures	Ľ.		7 7	
((c) TOTAL Independent Expenditures	<u> </u>		7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	M /	31	D / Y Y 201	4
	Signature				

PAGE

25

OF

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Thomas A Gawdun	10 29 2014
Mailing Address 2207 SE 64th St	ount
City State Zip Code	11.64
Topeka KS 66605 Trai	nsaction ID: 49067fbe-83b5-422f-a e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 29 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mr. Greg Orman Oppose Presi	ident State: KS
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Daniel M Qauckenbush	e of Public Distribution/Dissemination 10 29 2014
12002 110 002 11Wy	ount
City State Zip Code	60.00
Date	saction ID : 5da60d77-ba4e-440a-a e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 29 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	71.64
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	31 2014
Signature	

PAGE 26

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Daniel M Qauckenbush	10 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12062 NC 902 Hwy Amo	ount
City State Zip Code	20.40
Bear Creek NC 27207 Trai	nsaction ID : 76814ced-9fed-4857-b e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 29 / 2014
Name of Federal Candidate Support Office Sou	ight: House District: 00
Ms. Kay Hagan Presi	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Disbursement 2014	ent For: Primary ⊠ General Other (specify) ▶
	te of Public Distribution/Dissemination
Kyler A Jost	10 29 2014
Mailing Address 1830 College Height Rd Ame	ount
City State Zip Code	30.00
Manhattan KS 66502 Tran	nsaction ID: 5613d5b6-49a7-4048-b te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 DDD / 29 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr. Greg Orman Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	50.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 27

OF

Schedule E)	IN EXICIO	TIONES	-	PAGE 28 OF 164 FOR SE OF FORM 24/48	
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC	00530766				
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee			Date of Public	Distribution/Dissemination	
Kyler A Jost			10	29 / 2014	
Mailing Address 1830 College Height Rd			Amount		
City	State	Zip Code		8.10	
Manhattan	KS	66502		: 9c6b52eb-8fed-4d45-9 sement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Greg Orman		X Oppose	President X	<u> </u>	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	196953.44	Disbursement For: 2014 Other (spec	Primary	
Full Name of Payee			Date of Public	Distribution/Dissemination	
Zachary Vidrine			10	29 / 2014	
Mailing Address 202 Rue Des Cajun			Amount		
City	State	Zip Code		45.00	
Ville Platte	LA	70586		: 98e6a48d-f9d7-40ce-b sement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	7 7	221046.76	Disbursement For: 2014 Other (spe	Primary	
(a) SUBTOTAL of Itemized Independent Expendi	tures			53.10	
			7	4 4	
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>	7	
(c) TOTAL Independent Expenditures)	7 7	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	idate or authorize				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 31	2014	
3. 3					

Schedule E)	51123	PAGE 29 OF 164 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC C c00530766					
Check if 24-hour report 48-hour report New report	Amends report filed	on M = M / D = D / Y = Y = Y			
Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination			
Mailing Address 202 Rue Des Cajun		10 29 2014 Amount			
City State Zip	o Code	14.70			
	0586	Transaction ID: de3d6f14-6a9f-401b-a Date of Disbursement or Obligation			
Purpose of Expenditure Mileage	Category/ Type 002	10 29 7 2014			
Name of Federal Candidate	Support Office	Sought: House District: 00			
Ms. Mary L Landrieu	X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought 221	046.76 Disbu 2014	rsement For:			
Full Name of Payee Virginia T Grant Mailing Address 134 Shore Crest Circle		Date of Public Distribution/Dissemination			
		Amount			
	p Code 9426	50.00 Transaction ID: 103fdaea-b094-48d9-b Date of Disbursement or Obligation			
Purpose of Expenditure Salary	Category/ Type 001	10 29 2014			
Name of Federal Candidate	Support Office	Sought: House District: 00			
Ms. Mary L Landrieu	∑ Oppose □	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	221046.76 Disbu 2014	orsement For: Primary X General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures		64.70			
(b) SUBTOTAL of Unitemized Independent Expenditures	·····				
(c) TOTAL Independent Expenditures	·····				
Under penalty of perjury I certify that the independent expenditures repeating with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronical	lly Filed] Date 1	0 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature					

Schedule E)	1111 E/X E1.2	1101120		PAGE 30 OF 164 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC	Women Speak Out PAC C C00530766				
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y	
Full Name of Payee Virginia T Grant			Date of	Public Distribution/Dissemination	
Mailing Address 134 Shore Crest Circle				0 29 2014	
C. A	Ctoto	Zin Codo		6.60	
City Carrire	State MS	Zip Code 39426		6.60 ction ID : 1868b707-a976-4cb6-b Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	М		
Name of Federal Candidate		Support	Office Sought:	House District:00	
Ms. Mary L Landrieu		Oppose	Presiden		
Calendar Year-To-Date Per Election for Office Sought		221046.76	Disbursement 2014 Oth	For: Primary X General er (specify) ▶	
Full Name of Payee Christine R McDonald Mailing Address 3751 N Jeanette Ave			М	Public Distribution/Dissemination M / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
- Grot it scancile / te			Amount		
City Wichita	State KS	Zip Code 67204	Transact Date of	59.00 tion ID : 57b46921-122b-4017-a Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	M	0 29 / Y 2014	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Mr. Greg Orman		X Oppose	Presiden	nt Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		196953.44	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expendi	itures		· []	65.60	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	7 1 7 1 7	
(c) TOTAL Independent Expenditures			•	4- 1 4- 1 4-	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized				
Ms. Emily Buchanan	[Electro	nically Filed] Date		31 2014	
Signature					

Schedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Christine R McDonald	10 29 2014
Mailing Address 3751 N Jeanette Ave	punt
City State Zip Code	24.90
Wichita KS 67204 Tran	nsaction ID: 60436c3d-d91e-4970-8 of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 29 7 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Mr. Greg Orman Oppose President	140
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
	e of Public Distribution/Dissemination
Sasha E Moonard	10 29 2014
Mailing Address 2914 Anderson Rd Amo	ount
City State Zip Code	35.00
Burlington NC 27217 Trans	saction ID : 4b075c7e-8212-4cb5-8 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 29 / 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	59.90
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	31 2014
Signature	

PAGE 31

OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M=M / D=D / Y=Y=Y=Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Lauren E Heffington	10 29 2014
	Mailing Address 488 Broadwell Dr	Amount
ŀ	City State Zip Code	50.00
	Nashville TN 37220	Transaction ID: 8963d99f-abc0-4b1a-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 29 2014
Ì	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr Mark I Pryor	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbur 217465.67 Disbur 2014	sement For: Primary
	Full Name of Payee Irene R Hoyer	Date of Public Distribution/Dissemination
	Mailing Address 4310 N Mission Rd	10 29 2014 Amount
	City State Zip Code	53.50
	Bel Aire KS 67226 Purpose of Expenditure	Transaction ID: e51c7c37-d6c8-49e5-b Date of Disbursement or Obligation
	Salary Category/ Type 001	10 29 2014
ľ	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures	103.50
((b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 6
((c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not market, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

PAGE

32

OF

· · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Irene R Hoyer	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4310 N Mission Rd	Amount
City State	Zip Code 16.11
Bel Aire KS	67226 Transaction ID : b2279e93-68fc-4760-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Greg Orman	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee Nathan D Stevens Mailing Address 9653 Nations Dr	Date of Public Distribution/Dissemination M M M / 29 / Y Y Y Y Y Amount
City	7in Code
City State Springdale AR	Zip Code 25.00 72762 Transaction ID : f401b973-6c82-42c3-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 29 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	41.11
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
	enditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 10 31 2014
Signature	

PAGE

33

OF

PAGE 34 OF 164 FOR SE OF FORM 24/48					
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC C c00530766					
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee Nathan D Stevens			M - M /	Distribution/Dissemination	
Mailing Address 9653 Nations Dr			Amount	29 2014	
City	State	Zip Code		14.70	
Springdale	AR	72762		0: dea6c309-1949-4f52-b sement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Mark L Pryor		X Oppose	President X		
Calendar Year-To-Date Per Election for Office Sought		217465.67	Disbursement For: [2014 Other (spe	Primary	
Full Name of Payee			Date of Public	Distribution/Dissemination	
Luke S Buren			10 /	29 / 2014	
Mailing Address 415 E Carroll			Amount		
City	State	Zip Code		25.00	
Macomb	IL	61455		: 1f706151-f575-4a55-a sement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Mark L Pryor		Oppose	President X	Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought	7 7	217465.67	Disbursement For: 2014 Other (spe	Primary	
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			39.70	
(b) SUBTOTAL of Unitemized Independent Expendent	ditures				
			-	1 1/25	
(c) TOTAL Independent Expenditures			•	7	
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 31	2014	
-					

Schedule E)	DEITI EXI EITDI	TOTILO		PAGE 35 OF 164 FOR SE OF FORM 24/48	
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC C c00530766					
Check if 24-hour report 48-hour repor	t New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee Rachel L Anzalone			M = M /	Distribution/Dissemination	
Mailing Address 2319 West Oak			10 Amount	29 2014	
Cit.	Chaha	Zin Code		50.00	
City El Dorado	State AR	Zip Code 71730		50.00 D : a3e06648-1b55-4f82-b rsement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 Jan 10	29 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Mark L Pryor		X Oppose	President >		
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	17465.67	Disbursement For: 2014 Other (spe	Primary	
Full Name of Payee Rachel L Anzalone			Date of Public	Distribution/Dissemination	
Mailing Address 2319 West Oak			10	29 2014	
			Amount		
City	State	Zip Code		5.82	
El Dorado Purpose of Expenditure	AR	71730		: 2cc538cd-58e5-49ec-a rsement or Obligation	
Mileage		Category/ Type 002	10	29 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Mr. Mark L Pryor		X Oppose		Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		217465.67	Disbursement For: 2014 Other (sp	Primary X General	
(a) SUBTOTAL of Itemized Independent Expe	nditures			55.82	
(b) CURTOTAL of Uniterprised Independent Fr	va an ditura a		7		
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	45	
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 31	2014	
Signaturo					

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
\Box	Full Name of Payee	Date of Public Distribution/Dissemination
	Julia Perry	10 29 / 2014
	Mailing Address 2046 Perrin St Apt C	Amount
	City State Zip Code	70.00
	Shreveport LA 71101	Transaction ID: b7e0362a-cf4d-4b6c-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 29 / 2014
	Name of Federal Candidate Support Office	Sought: House District:00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
	Full Name of Payee Edmond D Rea Mailing Address 416 Vine Dr	Date of Public Distribution/Dissemination 10 29 2014 Amount
1	City State Zip Code	80.00
	,	Transaction ID : a392c81d-7191-4923-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	150.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	0 31 2014
	Signature	

PAGE

36

OF

	<i></i> ,			FOR SE O	FORM 24/48
	COMMITTEE (In Full)	F	EC	IDENTIFICATI	ON NUMBER ▼
vvomer	n Speak Out PAC		С	C00530766	
Check if	24-hour report 48-hour report New report Amends report filed on	М	М	/ D D /	Y Y Y Y Y
		ate of	Pub	lic Distribution	/Dissemination
Edin	ond D Rea		10 ^M	29	2014
Mailing	Address 416 Vine Dr	nount	t		
City	State Zip Code				9.90
Lawre	nce KS 66049 Tr			n ID: f99d5fd9 oursement or	D-becd-4b38-a Obligation
Purpos Mileag	e of Expenditure e		10 ^M	29	2014
Name	of Federal Candidate Support Office Sc	ught:		House	District: 00
Mr. Gr	an Orman	esider		X Senate	State: KS
	llendar Year-To-Date Disburser relection for Office Sought 196953.44	7		Primary	/ X General
Full No	me of Pours				/D:
	me of Payee e Harris	M	Pub 10	/ Distribution	n/Dissemination
Mailing	Address 3654 Tara St	moun	-	10	.20.1
City	State Zip Code				30.00
spring				ID: 821790c4 bursement or	
Purpos Salary	e of Expenditure	M	10 ^M	29	2014
Name	of Federal Candidate Support Office So	ought:		House	District:00
Mr. Ma	rk L Pryor Oppose Pre	esider	nt	X Senate	State: AR
	Disburse 217465.67 Disburse 2014	_		Primar	y General
(a) SUE	TOTAL of Itemized Independent Expenditures		-7		39.90
(b) SUE	TOTAL of Unitemized Independent Expenditures	Ξ			
(c) TOT	AL Independent Expenditures		-7		
with, or	enalty of perjury I certify that the independent expenditures reported herein were not made at the request or suggestion of, any candidate or authorized committee or agent of either, or mmittee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	/	31	D / Y Y 20	Y Y 14
Signa	tture				

PAGE

37

OF

Schedule E)	L /(L (1)			PAGE 38 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee Mattie Harris			M	f Public Distribution/Dissemination
Mailing Address 3654 Tara St			Amoun	10 29 2014 t
City	State	Zip Code		3.60
springdale	AR	72762		ction ID: 6d6897ba-9eb8-4dd0-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	10 29 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	2	217465.67	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Gary W Fuhrmann Mailing Address 9425 Jessica Drive			M	f Public Distribution/Dissemination
City	State	Zip Code		40.00
Shreveport	LA	71106	Transac Date o	tion ID : 5d4793f0-eba5-4aa2-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	10 29 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	221046.76	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	43.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		. •	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10	31 2014
Signature				

			FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	С	C00530766
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on	/ D = D / Y = Y = Y = Y
F	Gary W Fuhrmann	Date of Pu	blic Distribution/Dissemination
		10	/ D D / Y Y Y Y Y Y Y Y 2014
N	Mailing Address 9425 Jessica Drive	Amount	
	City State Zip Code		14.10
	Shreveport LA 71106		n ID : 5cbacb01-1069-4e5c-8 sbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10	29 / 2014
١	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Mary L Landrieu Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbur 221046.76 Disbur	sement For	: Primary ⊠ General (specify) ▶
	Christopher L Gilbert Mailing Address 55 Lovell Johnson Rd	Date of Pu	blic Distribution/Dissemination
	City State Zip Code		75.00
-	·		n ID: 0a81cc97-e9a6-4c1a-9 sbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	29 / 2014
1	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Mary L Landrieu Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		89.10
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 1 7 1 1 7 1
(с) TOTAL Independent Expenditures		7-1-7-1-7-1
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not marth, or at the request or suggestion of, any candidate or authorized committee or agent of either, urty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date Signature) 3	2014
	Oignaturo		

PAGE

39

OF

Schedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	10 29 2014
Mailing Address 55 Lovell Johnson Rd Amou	unt
City State Zip Code	42.60
Picayune MS 39466 Trans	saction ID : 4f2c1914-ce0b-4248-a of Disbursement or Obligation
Purpose of Expenditure	10 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disbursement 221046.76 Disbursement 2014	nt For:
	of Public Distribution/Dissemination
Diane Siniti	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4006 Wolkswalk Place Amo	unt
City State Zip Code	10.00
	action ID : cdda18f7-3f16-4bec-9 of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 10 / 29 / Y 2014
Name of Federal Candidate Support Office Soug	ht: House District: 00
Ms. Kay Hagan	dent State: NC
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	52.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	31 2014
Signature	

PAGE 40

OF

Schedule E)				PAGE 41 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Diane Smith				0 29 2014
Mailing Address 4006 Wolkswalk Place			Amount	
City	State	Zip Code		6.30
Raleigh	NC	27610		ction ID: 051b76dc-e545-41f8-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	10 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	NC NC
Calendar Year-To-Date Per Election for Office Sought	1(074185.10	Disbursement 2014 Oth	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Eva M Johnston				10 29 2014
Mailing Address 2517 N 47th St				10 29 2014
			Amoun	t
City	State	Zip Code		45.00
Milwaukee	WI	53210		tion ID: 0e3c3e86-6261-44d8-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		0 29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	77	196953.44	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	∋ S		· -	51.30
(b) SUBTOTAL of Unitemized Independent Expendi	tures		. •	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10	31 2014
Signature		_		

	- /			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	Vomen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on	= M	/ D = D /	Y I Y I Y I Y
	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Lisa Booth	М	10 ^M	29	2014
	Mailing Address 1434 South Avenue	Amou	nt		
	City State Zip Code	Г.			100.00
	Eden NC 27288			n ID: 49739b5f bursement or C	
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	29	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsemen		Primary specify) ▶	X General
	Full Name of Payee				/Diagonalisation
	Lisa Booth	Date	10 Put	olic Distribution	Volssemination 2014
	Mailing Address 1434 South Avenue	Amou	-	20	2014
	City State Zip Code				18.60
	Eden NC 27288			ID: 700da0b5- bursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002	_	10 ^M	29	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures				118.60
	(b) SUBTOTAL of Unitemized Independent Expenditures			F 1 1 4	
	(c) TOTAL Independent Expenditures			7	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	0 /	31	D / Y Y 201	4
	Signature				

PAGE 42

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXTEND	ITORES	<u> </u>	PAGE 43 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee William M Criswell			M = M /	Distribution/Dissemination
Mailing Address 115 Burns Mitchell Drive			Amount	29 2014
City	State	Zin Codo		80.00
Belmont	NC	Zip Code 28012		: e3ed4cbb-fa30-4d62-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	NO.
Calendar Year-To-Date Per Election for Office Sought	11	074185.10	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee William M Criswell			M = M /	Distribution/Dissemination
Mailing Address 115 Burns Mitchell Drive			10 Amount	29 2014
City	State	Zip Code		9.00
Belmont	NC	28012		83e7a5a8-70b7-4a3a-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1074185.10	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Exper	ditures		·	89.00
(b) SUBTOTAL of Unitermized Independent Exp	penditures		•	7 7
			7	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any caparty committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 31	2014
•				

Sch	nedule E)	311 31123		PAGE 44 OF 164 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	C00530766
Che	ck if X 24-hour report 48-hour report New re	eport Amends repo	ort filed on	/ D = D / Y = Y = Y
T	Full Name of Payee Jane M Kesinger		M = M	ic Distribution/Dissemination
	Mailing Address 209 Hillside Dr		Amount	29 2014
H	City State	Zip Code		10.00
- 1	Baldwin City KS	66006		ID: 063317c1-c178-46d9-b ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M 10	29 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Greg Orman	Oppose		Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	196953.44	Disbursement For: 2014 Other (sp	Primary
	Full Name of Payee Jane M Kesinger		Date of Publi	ic Distribution/Dissemination
	Mailing Address 209 Hillside Dr		Amount	
	City State	Zip Code		1.56
	Baldwin City KS Purpose of Expenditure	66006		D: aa1f9f3e-73a5-4941-8 ursement or Obligation
	Mileage Mileage	Category/ Type 002	10 ^M	29 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Mr. Greg Orman	X Oppose		Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	196953.44	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(8	a) SUBTOTAL of Itemized Independent Expenditures			11.56
(k	b) SUBTOTAL of Unitemized Independent Expenditures		·· •	
(0	c) TOTAL Independent Expenditures		>	
W	Inder penalty of perjury I certify that the independent expenditure rith, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
		onically Filed] Date	e 10 / 31	2014
	Signature			

Sch	nedule E)	L/(1 L.(12.	101120		PAGE 45 FOR SE OF	OF 164 F FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATI	
W	omen Speak Out PAC				C C00530766	
Che	ck if 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on	M = M / D = D /	Y Y Y
	Full Name of Payee Zachary R McCleese			Date	of Public Distribution	/Dissemination
	Mailing Address 323 Rolling Pines Dr			Amo	10 29 unt	2014
H	City	State	Zip Code			60.00
- 1	Spring Lake	NC	28390		saction ID : c933753 of Disbursement or	f-0fee-4fa0-b
	Purpose of Expenditure Salary		Category/ Type 001		10 / 29	2014
	Name of Federal Candidate		Support	Office Soug	ht: House	District: 00
	Mr. Mark L Pryor		Oppose	Presi		State: AR
	Calendar Year-To-Date Per Election for Office Sought	2	217465.67	Disburseme 2014	nt For: Primary Other (specify) ▶	y X General
	Full Name of Payee Zachary R McCleese			Date	of Public Distribution	n/Dissemination 2014
	Mailing Address 323 Rolling Pines Dr			Amo	unt	
	City	State	Zip Code		1 00 1 1 00	24.90
	Spring Lake	NC	28390	Trans Date	action ID: 8adc26a7 of Disbursement or	7-a835-47b5-9 Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	$\Box \mid \mid$	10 / 29	2014
	Name of Federal Candidate		Support	Office Soug	ht: House	District: 00
	Mr. Mark L Pryor		X Oppose	Presi	dent Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought		217465.67	Disburseme 2014	nt For: Primar Other (specify) ►	y General
(8	a) SUBTOTAL of Itemized Independent Expenditures.			· [84.90
(k	b) SUBTOTAL of Unitemized Independent Expenditure	es		-		
(0	c) TOTAL Independent Expenditures			··· -	1 1 1 1 1	
W	Inder penalty of perjury I certify that the independent rith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized				
	Ms. Emily Buchanan	[Electron:	ically Filed] Date	e 10	31 / 20	14
	Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LINDLINI EXPENDI	TOTILS	PAGE 46 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if X 24-hour report 48-hour r	eport New repo	ort Amends repo	rt filed on
Full Name of Payee James A Sears			Date of Public Distribution/Dissemination
Mailing Address 305 Averroe Dr			10 29 2014 Amount
City	State	Zip Code	35.00
Apex	NC	27502	Transaction ID : 41143555-bb31-4964-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 29 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	74185.10	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Marsha Barnell			10 29 / Y Y Y Y Y Y Y
Mailing Address 3847 SW Atwood Terr	ace		Amount
City	State	Zip Code	30.00
Topeka	KS	66610	Transaction ID : f25d20f0-e9db-47da-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 29 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	,	196953.44	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) CURTOTAL of Harrison Indonesia and			05.00
(a) SUBTOTAL of Itemized Independent E	expenditures		65.00
(b) SUBTOTAL of Unitemized Independen	t Expenditures		>
(c) TOTAL Independent Expenditures			· •
	ny candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Women Speak Out PAC C Coossores		include Ly	FOR SE OF FORM 24/48
Check if 24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Marsha Barnell Mailing Address 3847 SW Atwood Terrace City State Zip Code Mrs 66610 Name of Federal Candidate Mileage Name of Federal Candidate Mrs 66610 Calegory/ Topeka Support Mrs 66610 Transaction ID: b95ids3a-47ca-9 Calegory/ Transaction ID: b95ids3a-47	۷۱	omen Speak Out PAC	C C00530766
Mariling Address 3847 SW Atwood Terrace City State Zip Code KS 66610 Purpose of Expenditure Mileage Name of Federal Candidate Mailing Address 3847 SW Atwood Terrace Calendar Year-To-Date Purpose of Expenditure Salary Mailing Address 3847 SW Atwood Terrace Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Name of Pederal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought	Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 3847 SW Atwood Terrace City State KS 66610 Purpose of Expenditure Mileage Category/ Type On2 Name of Federal Candidate Support Molescought Per licection for Office Sought State: KS Calendar Year-To-Date Purpose of Expenditure Per licection for Office Sought State: KS Calendar Year-To-Date State: KS 66610 Purpose of Expenditure State: KS 66610 Full Name of Payee John KS 66610 City State Zip Code Type On1 Name of Payee State: KS 66610 Purpose of Expenditure	П	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Transaction ID: 41b1613 aba3 47 ca-9 Date of Expenditure Mileage Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Mailing Address 3847 SW Atwood Terrace City State Zip Code KS 66610 Date of Public Distribution/Dissemination Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation Transaction ID: 595163-07 ca2b-432a-2 Date of Disbursement or Obligation		Marsha Barnell	
Topeka KS 66610 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Purpose of Expenditure Mileage Calendar Year-To-Date Salary Name of Federal Candidate KS 66610 Transaction ID: 41b16/3f-ab83.47ca-9 Date of Datususement or Obligation Table Jisting State: KS Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Mailing Address 3847 SW Atwood Terrace Transaction ID: 49b16/3f-ab83.47ca-9 Date of Public Distribution/Dissemination Transaction ID: b95/d5a0-7e2b-493a-a Date of Public Distribution/Dissemination Transaction ID: b95/d5a0-7e2b-493a-a Date of Disbursement or Obligation Transaction ID: b95/d5a0-7e2b-493a-a Date of Date of Public Distribution/Dissemination Transaction ID: b95/d5a0-7e2b-493a-a Date of Disbursement or Obligation Transaction ID: 41b16/J6a0-A Amount Transaction ID: 41b16/J6a0-A Date of Public Distribution/Dissement ID: Transaction ID: 41b16/J6a0-A Amount Transaction ID: 41b16/J6a0-A Amount Transac		Mailing Address 3847 SW Atwood Terrace	Amount
Topeka KS 66610 Purpose of Expenditure Mileage Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Purpose of Expenditure Mileage Calendar Year-To-Date Salary Name of Federal Candidate KS 66610 Transaction ID: 41b16/3f-ab83.47ca-9 Date of Datususement or Obligation Table Jisting State: KS Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Mailing Address 3847 SW Atwood Terrace Transaction ID: 49b16/3f-ab83.47ca-9 Date of Public Distribution/Dissemination Transaction ID: b95/d5a0-7e2b-493a-a Date of Public Distribution/Dissemination Transaction ID: b95/d5a0-7e2b-493a-a Date of Disbursement or Obligation Transaction ID: b95/d5a0-7e2b-493a-a Date of Date of Public Distribution/Dissemination Transaction ID: b95/d5a0-7e2b-493a-a Date of Disbursement or Obligation Transaction ID: 41b16/J6a0-A Amount Transaction ID: 41b16/J6a0-A Date of Public Distribution/Dissement ID: Transaction ID: 41b16/J6a0-A Amount Transaction ID: 41b16/J6a0-A Amount Transac	ŀ	City State Zin Code	17 40
Purpose of Expenditure Mileage Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jonathan P Barnell Mailing Address 3847 SW Atwood Terrace City Topeka KS 66610 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman City State Calegory/ Type Out Transaction ID: b95fd5a0-7e2b-493a-a Date of Disbursement or Obligation Transaction ID: b95fd5a0-7e2b-493a-a Date of Disbursement For: Transaction ID: b95fd5a0-7e2b-493a-a Date o			Transaction ID : 41b16f3f-ab83-47ca-9
Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jonathan P Barnell Mailing Address 3847 SW Atwood Terrace City State Zip Code Topeka KS 66610 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Topeka Salary Category/ Type Othice Sought: House District. Search Salary Other (specify) Transaction ID: b95/d5a0-7e2b-493a-a Date of Disbursement or Obligation Office Sought: House District. Oo. Mr. Greg Orman Collegatory Type Othice Sought: House District. Oo. President Search Salary Other (specify) Office Sought: House District. Oo. President Search Salary Office Sought: House District. Oo. President Search Salary Office Sought: House District. Oo. Or President Search Salary Office Sought: House District. Oo. Or President Search Salary Office Sought: House District. Oo. Or President Search Salary Office Sought: House District. Oo. Or President Search Salary Office Sought: House District. Oo. Or President Search Salary Office Sought: House District. Oo. Or President Search Salary Office Sought: House District. Oo. Office Sought: House D		Mileage Category/ 002	M M / D D / Y Y Y
Mr. Greg Orman Calendar Year-To-Date President Senate State KS	ı	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought Full Name of Payee Jonathan P Barnell Mailing Address 3847 SW Atwood Terrace City State Zip Code Topeka KS 66610 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Of		Mr. Orace Orace	
Full Name of Payee Jonathan P Barnell Mailing Address 3847 SW Atwood Terrace City State Zip Code Topeka KS 66610 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the request of Support of the Support of Support		400050 44	rrsement For: Primary X General
Mailing Address 3847 SW Atwood Terrace		Tel Election of Office Cought	Other (specify)
Mailing Address 3847 SW Atwood Terrace Amount			
Transaction ID: b95fd5a0-7e2b-493a-a Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type Ont Support Office Sought: House District: 00 Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Transaction ID: b95fd5a0-7e2b-493a-a Date of Disbursement or Obligation Office Sought: House District: 00 President Senate State: KS Calendar Year-To-Date Per Election for Office Sought 196953.44 Disbursement For: Primary General 2014 Other (specify) (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date 10 31 2014		Mailing Address 3847 SW Atwood Terrace	
Transaction ID: b95fd5a0-7e2b-493a-a Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type Ont Support Office Sought: House District: 00 Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Transaction ID: b95fd5a0-7e2b-493a-a Date of Disbursement or Obligation Office Sought: House District: 00 President Senate State: KS Calendar Year-To-Date Per Election for Office Sought 196953.44 Disbursement For: Primary General 2014 Other (specify) (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date 10 31 2014	ı	City State Zin Code	45.00
Purpose of Expenditure Salary Category/ Type O01			Transaction ID : b95fd5a0-7e2b-493a-a
Mr. Greg Orman Support Support Support Support Senate State: KS		Salany Category/ 001	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	١	Name of Federal Candidate Support Office	e Sought: House District:00
(a) SUBTOTAL of Itemized Independent Expenditures		Mr. Greg Orman Oppose	President State: KS
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Mathematical Party Mathema		(a) SUBTOTAL of Itemized Independent Expenditures	62.40
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date MMMM J J J J J J J J J J J	((b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Mand	((c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 31 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
Build		[F1 +	
		24.0	

PAGE 47

OF

Schedule E)		LIVE	TONEO		PAGE 48 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	•				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	AC				C C00530766
Check if 24-hour report	48-hour report	New repo	ort Amends rep	ort filed o	on
Full Name of Payee Katelyn Stringer					Date of Public Distribution/Dissemination
Mailing Address 2134 Oxford	d Dr				10 29 2014 Amount
City	State		Zip Code		30.00
Salina	KS		67401		Transaction ID : 2ce733cc-591a-44e1-a Date of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		10 29 2014
Name of Federal Candidate			Support	Office	Sought: House District: 00
Mr. Greg Orman			Oppose		President State: KS
Calendar Year-To-Date Per Election for Office S	Sought	1	196953.44	Disburs 2014	sement For: Primary
Full Name of Payee Katelyn Stringer					Date of Public Distribution/Dissemination
Mailing Address 2134 Oxf	ord Dr				10 29 2014 Amount
City	State		Zip Code		1.11
Salina	кѕ		67401	1	Transaction ID : abf8db70-31ea-4930-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002		10 29 / 2014
Name of Federal Candidate			Support	Office	Sought: House District: 00
Mr. Greg Orman			X Oppose		President Senate State: KS
Calendar Year-To-Date Per Election for Office S	Sought	- 7	196953.44	Disbur 2014	rsement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Ir	ndependent Expenditures			•	31.11
(b) SUBTOTAL of Unitemized	d Independent Expenditures			··· •	
(c) TOTAL Independent Expe	enditures			··· •	
	gestion of, any candidate or au				de in cooperation, consultation, or concert or (if the reporting entity is not a political
Ms. Emily Buchan		[Electron	ically Filed] Dat	te 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Schedule E)					PAGE 49 OF 164 FOR SE OF FORM 24/48
NAME OF COMMI	,				FEC IDENTIFICATION NUMBER ▼
Women Spe	ak Out PAC				C C00530766
Check if 24-h	our report 48-hour report	New rep	ort Amends repo	ort filed on	- M / D - D / Y - Y - Y - Y
Full Name of F					of Public Distribution/Dissemination
Mailing Addres	S 9901 Floyd St			Amou	10 29 2014 nt
City		State	Zip Code		60.00
Overland Park	5	KS	66212		action ID : 620702fa-0fe7-4f37-a of Disbursement or Obligation
Purpose of Ex Salary	penditure		Category/ Type 001		10 29 / 2014
Name of Fede	ral Candidate		Support	Office Sough	nt: House District: 00
Mr. Greg Orma	an		X Oppose	Preside	
	Year-To-Date on for Office Sought	, , ,	96953.44	Disbursemen 2014 O	nt For:
Full Name of				Date	of Public Distribution/Dissemination
Leona Ma	run			T.	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addres	9901 Floyd St			Amou	ınt
City		State	Zip Code		12.30
Overland Park	K	KS	66212		action ID: b77de3df-7743-428c-b of Disbursement or Obligation
Purpose of Ex Mileage	penditure		Category/ Type 002		10 29 / 2014
Name of Fede	ral Candidate		Support	Office Sough	nt: House District: 00
Mr. Greg Orma	an		X Oppose	Preside	ent Senate State: KS
	Year-To-Date on for Office Sought	7	196953.44	Disbursemer 2014 C	nt For: Primary
(a) SUBTOTAL	of Itemized Independent Expen	ditures			72.30
(b) SUBTOTAL	of Unitemized Independent Exp	enditures			
(c) TOTAL Inde	ependent Expenditures			· [
with, or at the r		ndidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms	:. Emily Buchanan	[Electron	ically Filed] Date	M M /	31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_		

Schedule E)	II OI INDEI ENDEN	I EXI END	1101120		PAGE 50 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (II					FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	ıt PAC				C C00530766
Check if X 24-hour repo	rt 48-hour report	New repo	ort Amends repo	ort filed on	M
Full Name of Payee Cecilla A Rebrid	ck				of Public Distribution/Dissemination
Mailing Address 5003	Allison Lane			Amou	10 29 2014
Cit.		Ctoto	7:- Codo		70.00
City Ft. Smith		State AR	Zip Code 72901		70.00 saction ID : edb2e468-67cd-47ed-b of Disbursement or Obligation
Purpose of Expenditure Salary)		Category/ Type 001		10 / 29 / 2014
Name of Federal Cand	idate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor			X Oppose	Preside	ent Senate State: AR
Calendar Year-To-l Per Election for O		2	217465.67	Disbursemen 2014 O	nt For:
Full Name of Payee Cecilla A Rebric	k				of Public Distribution/Dissemination
Mailing Address 500	3 Allison Lane			Amou	للنبا لنا لنا
City		State	Zip Code		1.50
Ft. Smith		AR	72901		action ID: 3393463b-7e08-45b4-8 of Disbursement or Obligation
Purpose of Expenditure Mileage	€		Category/ Type 002		10 29 7 2014
Name of Federal Cano	lidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor			Oppose	Presid	ent Senate State: AR
Calendar Year-To- Per Election for C			217465.67	Disbursemer 2014	nt For: Primary
(a) SUBTOTAL of Itemi	zed Independent Expenditure	÷s		•	71.50
(b) SUBTOTAL of Unite	emized Independent Expendito	ures		-	
(c) TOTAL Independent	Expenditures			· [
with, or at the request of		ate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily B	uchanan	[Electron	ically Filed] Date	e 10	31 2014
Signature					

Schedule E)	PAGE 51 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends	s report filed on
Full Name of Payee Bailey R Blair	Date of Public Distribution/Dissemination
Mailing Address 402A N 10th St	10 29 2014 Amount
City State Zip Code	20.00
Manhattan KS 66502	Transaction ID : 04a3745c-e732-4f2a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 10 29 7 2014
Name of Federal Candidate Supp	ort Office Sought: House District: 00
Mr. Greg Orman Oppo	se President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 196953.44	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Bailey R Blair	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 402A N 10th St	Amount
City State Zip Code	1.80
Manhattan KS 66502 Purpose of Expenditure	Transaction ID : 488187c7-57bd-46eb-8 Date of Disbursement or Obligation
Mileage Category/ Type	002 10 / 29 / 2014
Name of Federal Candidate Supp	ort Office Sought: House District: 00
Mr. Greg Orman Oppo	
Calendar Year-To-Date Per Election for Office Sought 196953.44	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	21.80
(b) SUBTOTAL of Unitemized Independent Expenditures	······· >
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or ac party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 31 2014
Signature	

	icauic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C C00530766
Che	ck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Caelan J Blair	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 510 Haymaker Hall	Amount
ŀ	City State Zip Code	20.00
	Manhattan KS 66506	Transaction ID: 70fcbd4e-593d-404e-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 29 2014
ı	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary X General
ŀ		Other (specify) -
	Full Name of Payee Caelan J Blair	Date of Public Distribution/Dissemination
-	Mailing Address 510 Haymaker Hall	10 29 2014 Amount
ŀ	City State Zip Code	1.50
١	Manhattan KS 66506	Transaction ID : 27c4ffe9-53ba-4bc4-9 Date of Disbursement or Obligation
ľ	Purpose of Expenditure Mileage Category/ Type 002	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate Support Office	e Sought: House District: 00
	W 0 0	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(6	a) SUBTOTAL of Itemized Independent Expenditures	21.50
(1	SUBTOTAL of Unitemized Independent Expenditures	
(0	c) TOTAL Independent Expenditures	
W	nder penalty of perjury I certify that the independent expenditures reported herein were not maith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	0 31 2014
	Signature	

PAGE 52

OF

	meduic L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Josiah B Beal	10 29 2014
	Mailing Address 2927 SW Hopkins Switch Rd	Amount
	City State Zip Code	35.00
	El Dorado KS 67042	Transaction ID : d36cf543-5580-4988-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 29 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
		ursement For: Primary X General
	Per Election for Office Sought 196953.44 2014	Other (specify) ▶
	Full Name of Payee Edward N Walker	Date of Public Distribution/Dissemination
	Mailing Address 3 Girard St	10 29 2014
		Amount
	City State Zip Code	70.00
	Ft Smith AR 72901	Transaction ID: 42a204ff-8dea-4960-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 29 7 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	<u>-</u>	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disb. 217465.67	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	105.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77) (* 1) 771 17	10 31 2014
	Signature	للنتا لتا ل

PAGE 53

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INT EXI END	ITOTILO		PAGE 54 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Edward N Walker			M = M /	Distribution/Dissemination
Mailing Address 3 Girard St			Amount	29 2014
City	State	Zip Code		18.60
Ft Smith	AR	72901		D: f08b03e9-ecfe-44a4-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	, , , , ,	217465.67	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Zachariah T Beal			M = M /	Distribution/Dissemination
Mailing Address 2927 SW Hopkins Switch Rd			Amount	29 2014
City	State	Zip Code		35.00
El Dorado	KS	67042		: 1b7d4cc9-d0dc-48b2-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President >	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	196953.44	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			53.60
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7
			7	4
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 31	2014

Schedule E)		101120		PAGE 55 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report 48-hour r	eport New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Zachariah T Beal			М =	
Mailing Address 2927 SW Hopkins Switch	n Rd		Amount	29 2014
City	State	Zip Code		7.80
El Dorado	KS	67042		ion ID : c15b3729-e96a-4dc4-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	1	96953.44	Disbursement F 2014 Othe	or: Primary X General r (specify) ▶
Full Name of Payee Sue G Walker			Date of I	Public Distribution/Dissemination
Mailing Address 3 Girard			10	
			Amount	
City	State	Zip Code		90.00
Fort Smith	AR	72901		on ID: 73d824db-9eb4-41fe-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	217465.67	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent E	Expenditures			97.80
(b) SUBTOTAL of Unitemized Independen	ıt Expenditures		· -	
(c) TOTAL Independent Expenditures				7 1 7 1 7 1
(e) TOTAL INDOPENDENT EXPONDITURES			>	7 7
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commit	ny candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	m m / D	31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on	= M	/ D = D /	Y I Y I Y I Y
П	Full Name of Payee	Date of	of Pub	olic Distribution	Dissemination
	Sue G Walker		10 ^M	29	2014
	Mailing Address 3 Girard	Amour	nt		
ŀ	City State Zip Code				23.40
	Fort Smith AR 72901			n ID: a176ffccobursement or (1916-4844-9
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	29	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Mark I. Prvor	Preside		Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 217465.67 Disbut 2014	rsement		Primary specify) ▶	General
	Full Name of Payee Katie A Barros		of Pub	blic Distribution	/Dissemination
	Mailing Address PO Box 398	Amou	10	29	2014
			-		1 1 1 1 1 1
	City State Zip Code Neosho MO 64850			ID : 5a463b0c	
	Purpose of Expenditure Salary Category/ Type 001	_	of Dis	bursement or (Obligation 2014
		Sough	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbu 217465.67	rsemen		Primary specify) ▶	General
((a) SUBTOTAL of Itemized Independent Expenditures			7	73.40
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures			7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	31	D / Y Y 201	4
	Signature		_		

PAGE

56

OF

			FOR SE OF	FORM 24/48
	MITTEE (In Full)	FEC	IDENTIFICATION	ON NUMBER ▼
vvomen S	peak Out PAC	С	C00530766	
Check if X 2	1-hour report 48-hour report New report Amends report filed on	M = M	/ D = D /	Y Y Y Y
Full Name		of Pub	olic Distribution/	Dissemination
Katie A		10 ^M	29	2014
Mailing Add	ress PO Box 398 Amo	unt		
City	State Zip Code			42.60
Neosho	MO 64850 Tran		n ID: c2a5853a bursement or (-4b07-4f61-b
Purpose of Mileage	Expenditure Category/ Type 002	M 10	29	2014
Name of F	oderal Candidate Support Office Soug	ht:	House	District:00
Mr. Mark L			Senate	State: AR
	par Year-To-Date Disbursement 217465.67 Disbursement 2014		Primary specify) ▶	General
Full Name Mary R		of Pub	olic Distribution	
Mailing Ad		10	29	2014
	Amo	ount		
City	State Zip Code			50.00
Boyd	Date		ID: 5bb39c46 bursement or 0	
Salary	Expenditure Category/ Type 001	10 ^M	29	2014
Name of F	ederal Candidate Support Office Sou	ght:	House	District: 00
Mr. Mark L	Pryor Oppose Presi	dent	X Senate	State: AR
	lar Year-To-Date ection for Office Sought Disburseme 2014 2014		Primary specify) ▶	General
(a) SUBTO	AL of Itemized Independent Expenditures		F 1 7	92.60
(b) SUBTO	AL of Unitemized Independent Expenditures	1 -		
(c) TOTAL	ndependent Expenditures		7	
with, or at the	y of perjury I certify that the independent expenditures reported herein were not made in e request or suggestion of, any candidate or authorized committee or agent of either, or (itee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 10	31	D / Y Y 201	4
Signature				

PAGE

OF

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	neck if X 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Janet Morris	10 29 2014
	Mailing Address 620 Old Barbome Rd Lot 2	Amount
	City State Zip Code	40.00
	West Monroe LA 71291	Transaction ID : 2bc4314a-0c89-4788-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 29 2014
	Name of Federal Candidate Support Offic	ce Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Dist 221046.76 Dist	
		Other (specify) ▶
	Full Name of Payee Heather Ainsworth	Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St	10 29 2014 Amount
	City State Zip Code	80.00
	Keithville LA 71047	Transaction ID : 7edeb8df-e708-4b63-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 29 2014
	Name of Federal Candidate Support Offi	ce Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Dis 221046.76	bursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	120.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	10 31 2014
	Signature	

PAGE 58

OF

Schedule E)		PAGE 59 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C	C00530766
Check if X 24-hour report 48-hour report X New report Am	nends report filed on	/ D = D / Y = Y = Y
Full Name of Payee Heather Ainsworth	M = M	olic Distribution/Dissemination
Mailing Address 9685 Paula St	Amount	29 2014
City State Zip Code		35.70
Keithville LA 71047		n ID : 1d51100d-29f7-4c49-8 bursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002	29 / 2014
Name of Federal Candidate	Support Office Sought:	House District:00
Ma Manual Laudefau	Oppose President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 221046.76	Disbursement For: 2014 Other (Primary ⊠ General
Full Name of Payee	Date of Pul	olic Distribution/Dissemination
Mary Catherine Toburen	10	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1222 SE 44 St	Amount	20 2014
City. Chata 7in Code		20.00
City State Zip Code Topeka KS 66609		80.00 ID: 01920d79-6f2b-4e57-9 bursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 10 10	29 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Mar 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Oppose President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 196953.4	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		115.70
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	p 2 20
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 10 31	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	TI EXI END	ITOTILO		PAGE 60 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Mary Catherine Toburen			M = M	C Distribution/Dissemination
Mailing Address 1222 SE 44 St			Amount	29 2014
City	State	Zip Code		1.50
Topeka	KS	66609		ID: 1d4754af-4f1a-4a96-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	96953.44	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Aleksandra B Padua	_		M = M	c Distribution/Dissemination
Mailing Address 110 Bridge gate Dr			10 Amount	29 2014
City	State	Zip Code		52.50
Cary	NC	27519		D: f772e7bc-3457-49a8-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	29 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1074185.10	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		.	54.00
(b) SUBTOTAL of Unitemized Independent Expend	itures		· · · · · ·	
(c) TOTAL Independent Expenditures				
(c) TOTAL independent Expenditures)	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 31	2014
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INI EXI END	TTOTILO	PAGE 61 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination
Mailing Address 110 Bridge gate Dr			10 29 2014 Amount
City	State	Zip Code	9.66
Cary	NC	27519	Transaction ID: e5c55434-5d3a-42a1-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 29 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	074185.10	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			10 29 2014
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	85.00
Mt. Airy	NC	27030	Transaction ID : e61348ea-e319-484f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 29 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1074185.10	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	tures		94.66
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. •
			45 45
(c) TOTAL Independent Expenditures			•
	didate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 10 31 2014
Signature			

	modulo E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report X New report X Amends report filed		= M	/ D = D /	Y Y Y Y Y
П	Full Name of Payee	Date o	of Pub	lic Distribution/	Dissemination
	Ms. Tonya Boyd		10 ^M	/ 29	2014
	Mailing Address 2357 Fancy Cap Rd	Amour	nt		
-	City State Zip Code				12.84
	Mt. Airy NC 27030			ID: ff131557- bursement or C	c1d7-40fb-8
	Purpose of Expenditure Mileage Category/ Type 002	M	10 ^M	29	2014
-	Name of Federal Candidate Support Office	e Sought	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014			Primary specify) ▶	X General
-	Full Name of Payee			olic Distribution	/Dissemination
	Vonniqua Jackson		10 ^M	/ 29 /	2014
	Mailing Address 111 Westchester Blvd Apt D4	Amour	nt		
-	City State Zip Code		_		60.00
				ID: 2466960a- bursement or 0	
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	29	2014
	Name of Federal Candidate Support Office	e Sought	t:	House	District:00
	<u>-</u>	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	General
((a) SUBTOTAL of Itemized Independent Expenditures				72.84
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures				
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	31	D / Y Y 201	4
_	Signature	_	_ <u>~</u>		

PAGE 62

OF

	duic Ly		FOR SE O	F FORM 24/48
	OF COMMITTEE (In Full)		FEC IDENTIFICAT	ION NUMBER ▼
VVO	men Speak Out PAC		C C00530766	
Check	if X 24-hour report 48-hour report New report	ort Amends report	iled on M M M / D D /	Y Y Y Y Y
	III Name of Payee		Date of Public Distribution	n/Dissemination
	Felicia A Jones		10 29	2014
M	ailing Address 4106 Martha St		Amount	
Ci	ty State	Zip Code		80.00
	shreveport LA	71109	Transaction ID : 44060ed Date of Disbursement or	:2-7698-499e-9
	urpose of Expenditure salary	Category/ Type 001	10 29	2014
Na	ame of Federal Candidate	Support C	ffice Sought: House	District:00
M.	ls. Mary L Landrieu	X Oppose	President Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought 2		isbursement For: Primar 014 Other (specify) ▶	y X General
	Ill Name of Payee Felicia A Jones		Date of Public Distribution	
_			10 / 29	2014
М	ailing Address 4106 Martha St		Amount	
Ci	ity State	Zip Code		9.60
	Shreveport LA	71109	Transaction ID : 799049d Date of Disbursement or	
	urpose of Expenditure Mileage	Category/ Type 002	10 / 29	2014
N	ame of Federal Candidate	Support C	office Sought: House	District:00
N	ls. Mary L Landrieu		President Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		isbursement For: ☐ Primar 014 ☐ Other (specify) ▶	ry X General
(a)	SUBTOTAL of Itemized Independent Expenditures			89.60
(b)	SUBTOTAL of Unitemized Independent Expenditures			
(c)	TOTAL Independent Expenditures			
with	der penalty of perjury I certify that the independent expenditures n, or at the request or suggestion of, any candidate or authorized ty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electroni	ically Filed] Date		14
_	Signature			
		4		

PAGE 63

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	VI EXI END	ITOTILO		PAGE 64 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Patricia F Arnold			M M	Distribution/Dissemination
Mailing Address 1117 Clipper Dr			Amount	29 2014
City	State	Zip Code		19.00
Slidell	LA	70458		D: b33213e6-ccdd-4333-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	221046.76	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Patricia F Arnold			Date of Publi	c Distribution/Dissemination
Mailing Address 1117 Clipper Dr			10	29 2014
			Amount	
City	State	Zip Code		1.50
Slidell	LA	70458		D: acb5c5b4-d57c-4bd8-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	221046.76	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			20.50
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	
			4	7
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 31	2014

		F	OR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDE	NTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C co	00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M /	D = D / Y = Y = Y
	Full Name of Payee	Date of Public D	Distribution/Dissemination
	Jon Linch	10	29 2014
	Mailing Address 6108 Harkins Ave	Amount	
ŀ	City State Zip Code		85.00
	Little Rock AR 72210		: a8d37f0c-df2e-45c7-8 ement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	29 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District:00
	Mr Mark I Pryor		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	esement For:	Primary
	Full Name of Payee Jon Linch	M = M /	Distribution/Dissemination
	Mailing Address 6108 Harkins Ave	Amount	29 2014
ŀ	City State Zip Code		32.40
	Little Rock AR 72210		447d565b-948c-48f7-b ement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10	29 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Mark L Pryor Oppose	President X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbu 217465.67	rsement For:	Primary ⊠ General
((a) SUBTOTAL of Itemized Independent Expenditures	-	117.40
((b) SUBTOTAL of Unitemized Independent Expenditures		
_	(c) TOTAL Independent Expenditures	-	7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D D 31	2014
	Signature		

PAGE 65

OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	С	Date of Public Distribution/Dissemination
Aaron L Watson		10 29 2014
Mailing Address 30217 Crook Rd	A	Amount
City	State Zip Code	25.00
Giovolana	MO 64734 T	ransaction ID: f4bebbc0-d10c-414c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 29 / 2014
Name of Federal Candidate	Support Office S	lought: House District: 00
Mr. Greg Orman	Oppose Pr	resident State: KS
Calendar Year-To-Date Per Election for Office Sought	196953.44 Disburse 2014	ement For:
Full Name of Payee Aaron L Watson Mailing Address 30217 Crook Rd		Date of Public Distribution/Dissemination
- SUZII GIGUKIKU	A	Amount
City	State Zip Code	15.30
		ransaction ID : ba3ad7f0-c7af-409a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 29 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Greg Orman	Oppose P	resident State: KS
Calendar Year-To-Date Per Election for Office Sought	196953.44 Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	40.30
(b) SUBTOTAL of Unitemized Independent Expenditure	es	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	31 2014
Signature		

PAGE

66

OF

Scl	hedule E)		1101120				PAGE 67 OF 164 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report 48-hour report	New repo	ort Amend	ls repor	rt filed on	- M /	D = D / Y = Y = Y
T	Full Name of Payee Leslie D Moore					- M /	c Distribution/Dissemination
ŀ	Mailing Address 1903 Swan Dr				Amou	10 nt	29 2014
ŀ	City State		Zip Code				115.00
	Lenoir NC		28645				ID: fa3bcb1d-cf35-4ee4-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10 /	29 / 2014
I	Name of Federal Candidate		Supp	oort	Office Sough	t;	House District: 00
	Ms. Kay Hagan		У Орро		Preside	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	074185.10]	Disbursemen 2014 O		Primary
	Full Name of Payee Leslie D Moore					1 = M	c Distribution/Dissemination
-	Mailing Address 1903 Swan Dr				Amou	10 nt	29 2014
ŀ	City State	,	Zip Code				7.20
	Lenoir NC		28645		Transa Date	of Disbu	D: cec7370c-4eb3-48ad-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		10	29 2014
	Name of Federal Candidate		Supp	port	Office Sough	ıt:	House District: 00
	Ms. Kay Hagan		X Oppo	ose	Presid	ent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		1074185.10]	Disbursemer 2014 C		Primary X General Decify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures				-		122.20
((b) SUBTOTAL of Unitemized Independent Expenditures				· [1 1 2 1 2 2
((c) TOTAL Independent Expenditures				· [7
W	Under penalty of perjury I certify that the independent experience vith, or at the request or suggestion of, any candidate or account committee) any political party committee or its agent.						
		[Electron	nically Filed]	Date	10	31	2014
	Signature						

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee Jacob W Joosten	Date of Public Distribution/Dissemination
1		10 29 2014
	Mailing Address 1906 S Pine Apt B	Amount
	City State Zip Code	40.00
	Pittsburg KS 66762	Transaction ID: b62925cc-3773-43dc-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 29 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
	Full Name of Payee Jacob W Joosten	Date of Public Distribution/Dissemination
	Mailing Address 1906 S Pine Apt B	Amount
1	City State Zip Code	21.90
		Transaction ID : bec18bdb-1b2f-4fe1-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 29 7 2014
1	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	61.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	1 4 1 4 1 6
١	Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Signature	31 2014
	Oignaturo ————————————————————————————————————	

PAGE 68

OF

Schedule E)				PAGE 69 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Peggy A Sides				10 29 / 2014
Mailing Address 2183 Spokane Rd			Amour	nt
City	State	Zip Code		70.00
Fayetteville	NC	28304		action ID : d6b30c76-dfbd-46cd-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	10 29 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	10	074185.10	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date o	of Public Distribution/Dissemination
Peggy A Sides				10 29 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2183 Spokane Rd				للنبا لنا لن
·			Amour	nt
City	State	Zip Code	□ ;	12.00
Fayetteville	NC	28304	Transac Date o	ction ID : f5227463-6cde-4e39-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 29 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	1074185.10	Disbursement 2014 Ot	t For: Primary X General ther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3		· •	82.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		-	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	31 2014
Signature				

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-h	our report New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Dylan J Sparks				10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 East Market Av	re		Amou	unt
City	State	Zip Code		100.00
Searcy	AR	72149		saction ID: 65007774-3c64-4ec2-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	2	17465.67	Disbursement 2014	
5 " N			<u> </u>	Other (specify)
Full Name of Payee Dylan J Sparks			Date	of Public Distribution/Dissemination
Mailing Address 915 East Market	Ave		Amo	10 29 2014 unt
City	State	Zip Code		70.20
Searcy	AR	72149		action ID : cdf88c11-ef79-4b35-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 29 / Y 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	dent State: AR
Calendar Year-To-Date Per Election for Office Sought		217465.67	Disburseme 2014	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independ	ent Expenditures			170.20
(b) SUBTOTAL of Unitemized Indepe	endent Expenditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures	3		·· •	
Under penalty of perjury I certify tha with, or at the request or suggestion party committee) any political party c	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	31 2014
Signature				

PAGE

70

OF

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Gabriela P Sosa	10 29 2014
	Mailing Address 2530 Brook Stone Dr	Amount
	City State Zip Code	70.00
	Clemmons NC 27012	Transaction ID : 211bf0a1-13bb-40b5-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 29 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	
		Other (specify) -
	Full Name of Payee Gabriela P Sosa	Date of Public Distribution/Dissemination
	Mailing Address 2530 Brook Stone Dr	10 29 2014 Amount
	City State Zip Code	26.10
	Clemmons NC 27012	Transaction ID : 31006dc0-1ddb-4707-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	96.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

PAGE 71

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INT EXI END	ITORES		PAGE 72 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Kathy Anderson			10	29 / 2014
Mailing Address 3041 SW Burlingame Rd			Amount	
City	State	Zip Code		67.50
Topeka	KS	66611		ID: 0dcde0af-0548-4b9f-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	196953.44	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ►
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Kathy Anderson			10	29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3041 SW Burlingame Rd			Amount	
City	State	Zip Code		12.30
Topeka	KS	66611		D: 40a09f51-5adf-4d21-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	196953.44	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			79.80
			7	7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		•	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 31	2014

Schedule E)	NOCINI EXI ENDI	TOTILO		PAGE 73 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour rep	port New repo	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee Sandra C Montalbano			M = M /	Distribution/Dissemination
Mailing Address 4177 Lowerline St			Amount	29 2014
City	State	Zip Code		40.00
Slidell	LA	70461		D: 75508782-3cd4-47c2-b
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	21046.76	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
Sandra C Montalbano			10	29 / 2014
Mailing Address 4177 Lowerline St			Amount	
City	State	Zip Code		4.50
Slidell	LA	70461		0:07dcf394-81ee-4b44-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		221046.76	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures			44.50
(b) SUBTOTAL of Unitemized Independent	Expenditures			7 7 7 7 7
			-	45
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 31	2014
Olgitataro				

outcadic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Casey Stockton	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St	punt
City State Zip Code	60.00
Spruce Pine NC 28777 Tran	nsaction ID: 94fb7e15-4a25-41a1-a e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 29 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought Disbursement 1074185.10 Disbursement 2014	
Tel Election of Office Cought	Other (specify)
Full Name of Payee Ashley n Thompson	e of Public Distribution/Dissemination
Mailing Address 272 Westgate Ct Apt 6	10 29 2014 ount
City State Zip Code	20.00
Lexington NC 27295 Trans	saction ID : 52eca0ef-a68c-44d8-9 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 29 / 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Kay Hagan Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	31 2014
Signature	

PAGE 74

OF

Schedule E)	TI EXI END	II OILEO		PAGE 75 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Ashley n Thompson				Public Distribution/Dissemination
Mailing Address 272 Westgate Ct Apt 6				0 29 2014
			Amount	
City Lexington	State NC	Zip Code 27295	Transac	3.00 ction ID : a9a9c5fc-e8c9-4f2a-8
Purpose of Expenditure			Date of	Disbursement or Obligation
Mileage		Category/ Type 002		29 2014
Name of Federal Candidate		Support	Office Sought:	
Ms. Kay Hagan		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	10	074185.10	Disbursement 2014 Oth	For:
Full Name of Payee Mary Johnson				Public Distribution/Dissemination
AA-Tan Addings				10 29 2014
Mailing Address 105 South Dale St			Amoun	t
City	State	Zip Code		60.00
Spruce Pine	NC	28777	Transac Date of	tion ID : e7f82137-cd73-4d01-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		0 29 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1074185.10	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
() 00070741 (1) 1 1 1 1 1 1 1 1 1 1				
(a) SUBTOTAL of Itemized Independent Expenditu	res		• •	63.00
(b) SUBTOTAL of Unitemized Independent Expend	litures		• •	7
(c) TOTAL Independent Expenditures			•	4 4 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10	31 2014
Signature				

	modulo L)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on	M	/ D = D /	Y Y Y Y Y
	Full Name of Payee	Date of	of Pub	olic Distribution	[/] Dissemination
	Lilly Green	М	10 ^M	29	2014
	Mailing Address 205 Medallion Circle	Amour	nt		
ŀ	City State Zip Code				80.00
	Shreveport LA 71119			n ID: 5804c835 bursement or 0	5-503f-4529-9
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	29	2014
	Name of Federal Candidate Support Office	e Sough	t:	House	District:00
	Ms. Mary L Landrieu Oppose	Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 221046.76			Primary specify) ▶	General
ŀ	Full Name of Payee			olic Distribution	/Dissemination
	Lilly Green	IM	10 ^M	29	2014
	Mailing Address 205 Medallion Circle	Amou	nt		
	City State Zip Code				36.90
	Shreveport LA 71119			ID: 48b73e98 bursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	/ 29 /	2014
	Name of Federal Candidate Support Office	∟ e Sough	t:	House	District:00
		Preside			State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 221046.76			Primary	/ X General
	(a) SUBTOTAL of Itemized Independent Expenditures			7	116.90
((b) SUBTOTAL of Unitemized Independent Expenditures			7	
	(c) TOTAL Independent Expenditures			7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	M /	31		Y Y Y 4
	Signature				

PAGE 76

OF

Schedule E)	NI EXI END	ITORES	⊢	PAGE 77 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Laura U Logie				Distribution/Dissemination
Mailing Address 2565 Shire Circle			10	29 2014
2 2000 Office Office			Amount	
City	State	Zip Code		65.00
Harrisonburg	VA	22801		D: f67c7e2d-d482-4168-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President >	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	196953.44	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Randy G Lookabill			10	29 / 2014
Mailing Address 200 Carawood Lane			Amount	
City	State	Zip Code		67.50
Lexington	NC	27295		: b99c1598-fa10-4b27-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1074185.10	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	132.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
(b) GOD TOTAL OF CHIROMIZED INDEPENDENT EXPONE			-	1 1 100 1
(c) TOTAL Independent Expenditures)	1 4 1 4
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 31	2014
g.i.a.a.i.o				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report X New report X Amends report fill	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Randy G Lookabill	10 29 2014
Mailing Address 200 Carawood Lane	Amount
City State Zip Code	29.70
Lexington NC 27295	Transaction ID: 7ab84122-021e-48d9-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 20:	sbursement For: Primary
Full Name of Payee Rhonda Moback	Date of Public Distribution/Dissemination
Mailing Address 2704 E Glen Oaks Dr	10 29 2014 Amount
City State Zip Code	50.00
Wichita KS 67216	Transaction ID: 11f6b8e8-4293-46ad-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 29 / 2014
Name of Federal Candidate Support Of	fice Sought: House District: 00
Mr. Greg Orman Oppose	President State: KS
	sbursement For: Primary X General 114 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	79.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

78

OF

				FOR SE OF F	ORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION	NUMBER ▼
Women Speak Out PAC				C C00530766	
Check if 24-hour report 48-hour report	New repo	ort Amends r	report filed on	M = M / D = D / \	/
Full Name of Payee			Dat	e of Public Distribution/Dis	ssemination
Rhonda Moback				10 / 29 /	2014
Mailing Address 2704 E Glen Oaks Dr			Am	ount	
City	State	Zip Code			6.60
Wichita	KS	67216	Tra Dat	nsaction ID : b169ec63-be of Disbursement or Obl	7a0-4954-8
Purpose of Expenditure Mileage		Category/ Type	002	10 29	2014
Name of Federal Candidate		Suppor	t Office Sou	ght: House Dis	strict: 00
Mr. Greg Orman		X Oppose			State: KS
Calendar Year-To-Date Per Election for Office Sought	, 1	96953.44	Disbursem 2014	ent For: Primary Other (specify) ▶	X General
Full Name of Payee			Dat	e of Public Distribution/Di	esamination
Karen Congema			But	10 29	2014
Mailing Address 813 Worthington Way			Am	ount	.=0;:
City	State	Zip Code	—— I		12.50
Wilmington	NC	28411		saction ID : c09c2466-6e e of Disbursement or Obl	2e-4d7f-a
Purpose of Expenditure Salary		Category/ Type 0	01		2014
Name of Federal Candidate		Suppor	rt Office Sou	ght: House Di	strict: 00
Ms. Kay Hagan		X Oppose	e Pres	ident X Senate S	State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1074185.10	Disbursem 2014	ent For: Primary Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expendit	tures			7	19.10
(b) SUBTOTAL of Unitemized Independent Exper	nditures		····· •	7 7	
(c) TOTAL Independent Expenditures			······ >	7 7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candrage party committee) any political party committee or	idate or authorized				
Ms. Emily Buchanan	[Electron	ically Filed]	Date 10	/ 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Signature					

PAGE

79

OF

Schedule E)	IVI EXI END	TIONES	PAGE 80 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination
Mailing Address 813 Worthington Way			10 29 2014 Amount
City	State	Zip Code	3.00
Wilmington	NC	28411	Transaction ID : fbfc8705-b6dd-4fe5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	074185.10	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kristina M Jinkens			10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2138 N 1000 Rd			Amount
City	State	Zip Code	60.00
Eudora	KS	66025	Transaction ID : f3b8fefc-545b-4f54-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 29 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	196953.44	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures		63.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		
,,			7 7
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 31 2014
Signataro			

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	I	FEC II	DENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report X New report X Amends report filed	on	М	/ D D /	Y I Y I Y I Y
T	Full Name of Payee	Date of	Publi	ic Distribution/	Dissemination
	Gregory Green		10 ^M	/ 29 /	2014
	Mailing Address 2506 Bolch Street	Amoun	t		
ŀ	City State Zip Code	Г.			80.00
	Shreveport LA 71104			ID : fc8c1217 ursement or C	-245d-4b69-8
	Purpose of Expenditure Salary Category/ Type 001	М	10 ^M	29	2014
ı	Name of Federal Candidate Support Office	Sought:		House	District:00
	Ms. Mary L Landrieu	Presider	nt [Senate	State:LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement Oth		Primary	General
ł	Full Name of Payee				/Dissemination
	Gregory Green	M	1 1 UDI	/ 29 /	2014
	Mailing Address 2506 Bolch Street	Amoun		20	2014
	City State Zip Code		-		48.60
	Shreveport LA 71104			D: 3bb17352 oursement or (
	Purpose of Expenditure Mileage Category/ Type 002	M	10 ^M	29	2014
١	Name of Federal Candidate Support Office	Sought	: [House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	nt [Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 221046.76			Primary pecify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures			7	128.60
((b) SUBTOTAL of Unitemized Independent Expenditures			1 1 4	
((c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	O /	31	/ Y Y 201	4
	Signature				

PAGE 81

OF

Sched	ule E)	- /1112.	101120		PAGE 82 OF 164 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	T = M / D = D / Y = Y = Y = Y
	Name of Payee Onique Guillory				of Public Distribution/Dissemination
Mail	ing Address 409 LaSalle Drive			Amou	10 29 2014
0		0	7: 0 !		20.00
City Littl	e Rock	State AR	Zip Code 72211		80.00 saction ID : c8bcb263-ac4b-4822-b of Disbursement or Obligation
Purp Sal	pose of Expenditure ary		Category/ Type 001		10 29 2014
Nan	ne of Federal Candidate		Support	Office Sough	nt: House District:00
Mr.	Mark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		17465.67	Disbursemen 2014 O	nt For:
	Name of Payee onique Guillory				of Public Distribution/Dissemination
Mai	ling Address 409 LaSalle Drive			Amou	
City		State	Zip Code		6.00
	le Rock	AR	72211		action ID: 537fb636-5af3-40a9-b of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		10 29 / 2014
Nan	ne of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr.	Mark L Pryor		X Oppose	Preside	lent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	217465.67	Disbursemer 2014	nt For:
(a) S	SUBTOTAL of Itemized Independent Expenditures	3			86.00
, ,					7 7 7 7
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ires		• •	
(c) T	OTAL Independent Expenditures			•	
with,	r penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	10	31 2014
Si	gnature				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M	= М	/ D = D /	Y I Y I Y I Y
٦	Full Name of Payee	Date o	f Pub	olic Distribution	Dissemination
١	Rachel H Young		10 ^M	/ D D /	2014
	Mailing Address Box #11543 915 E Market Ave	Amour	nt		
	City State Zip Code				15.00
	Searcy AR 72149			n ID: 68b3e6aa bursement or 0	
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	29	2014
	Name of Federal Candidate Support Office	Sought	:	House	District:00
١	Mr Mark I Pryor	Preside		X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 217465.67 Disbut 2014	rsement		,	X General
١	5 11 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			specify)	
	Full Name of Payee Rachel H Young	Date o		olic Distribution	/Dissemination 2014
	Mailing Address Box #11543 915 E Market Ave	Amour		20	2011
1	City State Zip Code	Г.			4.38
				ID: f196e66b- bursement or (a9eb-463c-b
	Purpose of Expenditure Mileage Category/ Type 002	M	10 ^M	29	2014
1	Name of Federal Candidate Support Office	Sought	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbu 217465.67	rsement		Primary	General
	(a) SUBTOTAL of Itemized Independent Expenditures	Ľ.			19.38
	(b) SUBTOTAL of Unitemized Independent Expenditures	Ľ.		F 1 1 7	
	(c) TOTAL Independent Expenditures	Ľ.	1 -		
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	M /	31	D / Y Y 201	Y
	Signature				

PAGE 83

OF

Schedule E)	II EXI END	TONES		PAGE 84 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Alice K Salazar			Date of Public	Distribution/Dissemination
Mailing Address 605 W Houston St			10	29 2014
			Amount	
City	State	Zip Code		80.00
Marshall	TX	75633		D: d09ffd5a-15ef-405a-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 2	221046.76	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Alice K Salazar			10	29 / 2014
Mailing Address 605 W Houston St			Amount	
City	State	Zip Code		50.40
Marshall	TX	75633		: 03a34ac3-4f49-47d0-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	221046.76	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es			130.40
				7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		>	
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 31	2014
olyliature				

Schedule E)	TI EXI END	TONES		PAGE 85 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Michael A Toomey			M = M	olic Distribution/Dissemination
Mailing Address 4120 Bon Aire Dr Apt 6307			10 Amount	29 2014
City	State	Zip Code		50.00
Monroe	LA	71212		n ID : 686b4b9b-8f2c-40d3-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , 2	221046.76	Disbursement For: 2014 Other (Primary X General Specify) ▶
Full Name of Payee	_		Date of Pul	blic Distribution/Dissemination
Michael A Toomey			10	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount	
City	State	Zip Code		4.20
Monroe	LA	71212		ID: f0ebd038-bbd9-4ed1-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	¹ 29 ² 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	221046.76	Disbursement For: 2014 Other (Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	54.20
(b) SUBTOTAL of Unitemized Independent Expend	itures			7 7
				7 7
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 31	

	Tieddie E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATI	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M	- M	/ D D /	Y = Y = Y
T	Full Name of Payee	Date o	of Pub	lic Distribution	/Dissemination
	Logan B Piper	М	10 ^M	29	2014
	Mailing Address 3205 Pebble Beach Rd	Amour	nt		
ŀ	City State Zip Code	Г.			52.00
	Conway AR 72034			ID: 46b93d8 oursement or (
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	29	2014
ľ	Name of Federal Candidate Support Office	Sought	t:	House	District:00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 217465.67	irsement		Primary	General
ŀ	Full Name of Payee				/Dissemination
1	Logan B Piper	M	10 ^M	/ D D /	2014
	Mailing Address 3205 Pebble Beach Rd	Amou	nt		
ŀ	City State Zip Code	Г.			26.28
	Conway AR 72034			ID: 7b1baf80- oursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002	M	10 ^M	29	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 217465.67			Primary	General
((a) SUBTOTAL of Itemized Independent Expenditures		-7	7	78.28
((b) SUBTOTAL of Unitemized Independent Expenditures			1 1 1	1 1 4
((c) TOTAL Independent Expenditures			7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	31	201	4
	Signature				
_					

PAGE 86

OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Lydia H DeGisi	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 9513 Beverly Dr	Amount
	City State Zip Code	22.50
	Overland Park KS 66207	Transaction ID: 620b27e3-23b8-4dec-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 29 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
	Full Name of Payee Lydia H DeGisi	Date of Public Distribution/Dissemination
	Malling Address	10 29 2014
	Mailing Address 9513 Beverly Dr	Amount
	City State Zip Code	7.50
	Overland Park KS 66207	Transaction ID: 6f17fa3a-886f-4522-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 29 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	30.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 31 2014
	Signature	

PAGE 87

OF

Schedule	E)	VI EXPEND	TIONES		PAGE 88 OF 164 FOR SE OF FORM 24/48
NAME OF (COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if \sum	24-hour report 48-hour report	New rep	ort Amends repo		M
	ne of Payee stopher Marquess				of Public Distribution/Dissemination
Mailing	Address 110 W Pecan St			Amou	10 29 2014 nt
City		State	Zip Code		50.00
Ville Pla		LA	70586		saction ID : 20219080-15a7-474c-b of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		10 29 / 2014
Name o	f Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Ma	ry L Landrieu		X Oppose	Presid	ent Senate State: LA
	lendar Year-To-Date r Election for Office Sought	, , , , ,	221046.76	Disbursemer 2014	nt For:
	me of Payee			Date	of Public Distribution/Dissemination
	topher Marquess				10 29 7 2014
Mailing	Address 110 W Pecan St			Amou	ınt
City		State	Zip Code		34.50
Ville PI		LA	70586		action ID: 0a621194-df26-4d6b-9 of Disbursement or Obligation
Mileag	e of Expenditure e		Category/ Type 002		10 29 2014
Name o	of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Ma	ry L Landrieu		X Oppose	Presid	
	lendar Year-To-Date r Election for Office Sought	7 7	221046.76	Disbursemer 2014	nt For:
(a) SUB	TOTAL of Itemized Independent Expenditu	res			84.50
(b) SUB	TOTAL of Unitemized Independent Expend	litures		· •	7 7 7
(c) TOTA	AL Independent Expenditures			•	
with, or a	enalty of perjury I certify that the independ at the request or suggestion of, any candio nmittee) any political party committee or its	late or authorized			
Signa	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sc	hedule E)	II OILO		PAGE 89 OF 164 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		С	C00530766
Che	eck if 24-hour report 48-hour report New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
T	Full Name of Payee Theresa a Youngblood		M = M	olic Distribution/Dissemination
ŀ	Mailing Address 102 S Main Street Apt A2		Amount	29 2014
ŀ	City State	Zip Code		20.00
	Berryville VA	22611		n ID: b17639c5-a0cd-4627-b bursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10	29 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Greg Orman	X Oppose	President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	196953.44	Disbursement For: 2014 Other (Primary X General Specify) ▶
Γ	Full Name of Payee		Date of Put	olic Distribution/Dissemination
1	Sheri J Peace		M = M	29 2014
ľ	Mailing Address 9685 Paula St			20 2011
1			Amount	
ŀ	City State	Zip Code		85.00
	Keithville LA	71047	Transaction Date of Dis	ID: a0bc3fde-ce29-4577-b bursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10	29 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	221046.76	Disbursement For: 2014 Other (Primary
(a) SUBTOTAL of Itemized Independent Expenditures		•	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures		•	7
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed] Date		2014
	Signature	_		

		FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C C00530766
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee Sheri J Peace	Date of Public Distribution/Dissemination
		10 29 2014
N	Mailing Address 9685 Paula St	Amount
	City State Zip Code	24.00
	Keithville LA 71047	Transaction ID : 7ab13460-ca35-46ac-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 29 / 2014
1	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
	Full Name of Payee Jacob Bernas	Date of Public Distribution/Dissemination
1	Mailing Address 458 S Glendale	10 29 2014 Amount
(City State Zip Code	50.00
	Wichita KS 67218	Transaction ID: b3477858-2b13-41f5-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 29 / 2014
П	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	74.00
(b	SUBTOTAL of Unitemized Independent Expenditures	7
(с) TOTAL Independent Expenditures	
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Signature	31 2014
	Oignature	

PAGE

90

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Jacob Bernas	10 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 458 S Glendale A	mount
City State Zip Code	9.00
Wichita KS 67218 Tr	ransaction ID : cbe8dc7c-a013-4d49-8 late of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 29 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
Mr. Greg Orman Oppose Pre	esident State: KS
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary General
Full Name of Payee D	Other (specify) Other
Jessica A Felix	10 29 2014
Mailing Address 873 Stoneykirk Dr	Amount
City State Zip Code	15.00
Fayetteville NC 28314 Tra	ansaction ID : 79ec054a-a643-4ec6-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 29 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Kay Hagan Oppose Pro	resident State: NC
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	24.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	31 2014
Signature	التنتا لتا ا

PAGE 91

OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jessica A Felix	10 29 2014
	Mailing Address 873 Stoneykirk Dr	Amount
	City State Zip Code	4.65
	Fayetteville NC 28314	Transaction ID: 8094c751-a9d6-4e07-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 29 / Y 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Disbut 1074185.10 Disbut 2014	ursement For: Primary X General
	Tel Election for Office Sought	Other (specify)
	Full Name of Payee Jackson S Tuttle	Date of Public Distribution/Dissemination
	Mailing Address 404 Chancery Park Ct	10 29 2014 Amount
	City State Zip Code	45.00
	Kernersville NC 27284	Transaction ID : 4d7fe4a6-983e-4bef-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	49.65
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(F) 4 · 11 F · 11	0 31 2014
	Signature	
_		

PAGE 92

OF

Schedule E)	INT EXICID	HONES	PAGE 9 FOR SE C	3 OF 164 DF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICAT	TION NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	/ Y = Y = Y
Full Name of Payee Jackson S Tuttle			Date of Public Distributio	/ Y = Y = Y = Y
Mailing Address 404 Chancery Park Ct			10 29 Amount	2014
City	State	Zip Code		0.60
Kernersville	NC	27284	Transaction ID : 5835e0 Date of Disbursement or	c9-085b-4a51-8
Purpose of Expenditure Mileage		Category/ Type 002	10 D D D 29	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	10	074185.10	Disbursement For: Prima 2014 Other (specify) ▶	ry X General
Full Name of Payee			Date of Public Distribution	n/Dissemination
Jessica R Resendiz			10 / 29	2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		90.00
Keithville	LA	71047	Transaction ID : c8ea024 Date of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 001	10 / 29	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Mary L Landrieu		Oppose	President Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	221046.76	Disbursement For: Prima 2014 Other (specify) ▶	ry X General
(a) SUBTOTAL of Itemized Independent Expendit	ures		>	90.60
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
			7 7	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		014
Signature				

Schedule E)	PAGE 94 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New	v report Amends report filed on M M / D D / Y Y Y Y
Full Name of Payee Jessica R Resendiz	Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St	10 29 2014 Amount
City State	Zip Code 42.00
Keithville LA	71047 Transaction ID : 2f303759-9038-46fd-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 10 29 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Giordon A Pergola	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Golden Pheasant Dr	Amount
City State	Zip Code 25.00
Slidell LA	70461 Transaction ID : af84989d-1bec-4965-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 29 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	67.00
(b) CURTOTAL of Uniterpired Independent Expanditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·
(c) TOTAL Independent Expenditures	—————————————————————————————————————
	tures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
	ectronically Filed] Date 10 31 2014
Signature	

Schedule E)	11 E/W E/(2)	1101120		PAGE 95 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Deanna Candler			M = M	lic Distribution/Dissemination
Mailing Address 5116 Highland Rd Apt 79			Amount	29 2014
City	State	Zip Code		30.00
Baton Rouge	LA	70808		n ID : 31ba4d18-5035-4ee4-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	221046.76	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee Hannah J Landry			Date of Pub	olic Distribution/Dissemination
Mailing Address 1110 N Coolidge			10 Amount	29 2014
				100.50
City Gonzales	State LA	Zip Code 70737	Transaction Date of Dis	102.50 ID: 8bde2d07-d6d7-4d55-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M 10	29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	221046.76	Disbursement For: 2014 Other (Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	′es		.	132.50
(b) SUBTOTAL of Unitemized Independent Expend	itures		>	4
(c) TOTAL Independent Expenditures			·	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		2014
Signature		_		

Schedule E)	TI EXI END	ITOTILO		PAGE 96 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Hannah J Landry			Date of Publi	ic Distribution/Dissemination
Mailing Address 1110 N Coolidge			10 Amount	29 2014
			Amount	
City	State	Zip Code		15.93
Gonzales	LA	70737		ID: c657bfb1-5a1b-43b3-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	221046.76	Disbursement For: 2014 Other (s	Primary
Full Name of Payee	_		Date of Publ	ic Distribution/Dissemination
Mary C Lee			10	29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		102.50
Gonzales	LA	70737		D: d9da50c7-7c5d-4705-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	221046.76	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			118.43
			7	7
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 31	2014
2.g				

Schedule E)	DEI ENDEN. E. E. E			PAGE 97 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-	-hour report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Mary C Lee			Date of Public	c Distribution/Dissemination
Mailing Address 1030 N Coolidge	Ave		10 Amount	29 2014
City	State	Zip Code		15.93
Gonzales	LA	70737		ID: 6a7a21f2-b4e4-42fe-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	. 2	221046.76	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Mary D Meens			Date of Publi	c Distribution/Dissemination
Mailing Address 5724 SW Arrow	rhead Ct		Amount	سبا لتا
City	State	Zip Code		27.50
Topeka	KS	66614	Transaction II Date of Disb	D: f21bb60d-cc97-4d17-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sough		196953.44	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Indepen	ndent Expenditures		. >	43.43
(b) SUBTOTAL of Unitemized Indep	pendent Expenditures		. •	1 1 2 1 1 2 1
(c) TOTAL Independent Expenditure	es		•	
Under penalty of perjury I certify th with, or at the request or suggestion party committee) any political party	n of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 31	2014
Signature				

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	te of Public Distribution/Dissemination
Mary D Meens		10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5724 SW Arrowhead Ct	An	nount
City	ate Zip Code	11.10
Topeka K		ansaction ID : 70c13988-09be-4ba7-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Mr. Greg Orman	Oppose Pre	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	196953.44 Disbursen 2014	nent For: Primary
Full Name of Payee Kathryn M Wolfe Mailing Address 204 W 9th St		ate of Public Distribution/Dissemination 10 29 2014 nount
City Sta	ate Zip Code	30.00
1 '	(S 66762 Tra l	nsaction ID : 35cf2f10-f917-47cb-8 tte of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 29 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Mr. Greg Orman	Oppose Pre	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	196953.44 Disburser 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		41.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	7 7 7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	31 2014
Signature		

PAGE

98

OF

Schedule E)			PAGE 99 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New report Ame	ends report filed o	on Mam / Dad / Yayayay
Full Name of Payee Kathryn M Wolfe			Date of Public Distribution/Dissemination
Mailing Address 204 W 9th St			10 29 2014 Amount
City Sta	ate Zip Code		22.20
Pittsburg K	·		Transaction ID : 5af243ef-5578-403b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type	002	10 29 / 2014
Name of Federal Candidate	Sı	upport Office	Sought: House District: 00
Mr. Greg Orman			President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	196953.44	Disbur 2014	sement For: Primary
Full Name of Payee Joshua D Syrotchen Mailing Address 915 East Market Ave			Date of Public Distribution/Dissemination 10 29 2014 Amount
City Sta	ate Zip Code		100.00
1 '	IR 72149		Transaction ID : 2fff1a42-a4a3-4aac-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type	001	10 29 / 2014
Name of Federal Candidate	S	upport Office	Sought: House District: 00
Mr. Mark L Pryor	X 0		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	217465.67	Disbur 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		·····	122.20
(b) SUBTOTAL of Unitemized Independent Expenditures		·····	
(c) TOTAL Independent Expenditures		······································	1 7 1 7 1 7 1
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	r authorized committee or		
Ms. Emily Buchanan	[Electronically Filed]	Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

NAME OF COMMITTEE (In Full) Women Speak Out PAC C C00530766 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissem	ination
C C00530766 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissem	YYY
Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissem	YYY
Full Name of Payee Date of Public Distribution/Dissem	YYY
10 29 20	014
Mailing Address 915 East Market Ave Amount	
City State Zip Code	80.40
Searcy AR 72149 Transaction ID : 4bec5777-b9bd- Date of Disbursement or Obligation	49b7-9
Purpose of Expenditure Category/ Category/	014
Name of Federal Candidate Support Office Sought: House District:	00
Mr. Mark L Pryor	_AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary 217465.67 Other (specify) ▶	General
Full Name of Payee Randy M Gold Date of Public Distribution/Dissem	ination
	014
Mailing Address 1436 Haigs Creek Dr Amount	
City State Zip Code	80.00
Elgin SC 29045 Transaction ID : 62eb5135-6383-4 Date of Disbursement or Obligation	392-b
Purpose of Expenditure Category/ Cat)14 Y
Name of Federal Candidate Support Office Sought: House District:	00
Mr. Mark L Pryor Mr. Mark L Pryor President Senate State:	4.5
Calendar Year-To-Date Per Election for Office Sought 217465.67 Disbursement For: □ Primary ≥ 2014 □ Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	0.40
(b) SUBTOTAL of Unitemized Independent Expenditures	40.
(c) TOTAL Independent Expenditures	-
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 31 2014	
Signature	l

PAGE 100

OF

				FOR SE OF	FORM 24/48
	E OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VVC	omen Speak Out PAC		С	C00530766	
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y I Y I Y I Y
	ull Name of Payee	Date c	of Pub	olic Distribution/	Dissemination
L	Randy M Gold		10 ^M	/ 29 /	2014
N	failing Address 1436 Haigs Creek Dr	Amour	nt		
	Sity State Zip Code	Г.			32.37
	Elgin SC 29045			n ID: 75a1f689 bursement or C	-651f-4cd1-8
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	29	2014
Ν	lame of Federal Candidate Support Office	Sought	t:	House	District:00
Ľ	Mr Mark I Pryor	Preside		X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 217465.67 2014	rsement		Primary specify) ▶	General
	full Name of Payee			olic Distribution	/Dissemination
	Kaleigh J Wagner	M	10 ^M	/ D D /	2014
N	Mailing Address 18065 Wayne Rd	Amou	nt		
	City State Zip Code	Г.			45.00
	Odessa FL 33556			ID: bfbc8669- bursement or (
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	29	2014
1	lame of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbu 217465.67 Disbu 2014	rsemen		Primary specify) ▶	General
(a	SUBTOTAL of Itemized Independent Expenditures				77.37
(b	SUBTOTAL of Uniternized Independent Expenditures				
(c	TOTAL Independent Expenditures	Ľ.	1 - 4	7	
wit	der penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either, rty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	M /	31	D / Y Y 201	4
	Signature				

PAGE 101

OF

		FOR SE OF FORM 24/48
	F COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
vvome	en Speak Out PAC	C C00530766
Check if	24-hour report 48-hour report New report Amends report	filed on
	Name of Payee	Date of Public Distribution/Dissemination
	ndyl H Browder	10 29 2014
Mailir	ng Address 4429 Lagan Circle	Amount
City	State Zip Code	25.00
Wint	erville NC 28590	Transaction ID: 0e5987a6-a02c-4d74-b Date of Disbursement or Obligation
Purpo Sala	ose of Expenditure ry Category/ Type 001	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	e of Federal Candidate Support C	office Sought: House District: 00
Ms. I	Kay Hagan Oppose	President Senate State: NC
	Odiolidai Todi To Dato	isbursement For: Primary X General Other (specify) ▶
Kei	Name of Payee ndyl H Browder ng Address 4429 Lagan Circle	Date of Public Distribution/Dissemination 10 29 2014 Amount
011	000 To 00 do	
City Wint	State Zip Code terville NC 28590	6.30 Transaction ID : 8d2061e2-d624-4413-9
Purp Mile	ose of Expenditure age Category/ Type 002	Date of Disbursement or Obligation
Nam	e of Federal Candidate Support C	Office Sought: House District: 00
Ms.	Kay Hagan Oppose	President Senate State: NC
		Other (specify) Primary General
(a) Sl	JBTOTAL of Itemized Independent Expenditures	31.30
(b) Sl	JBTOTAL of Unitemized Independent Expenditures	
(c) TO	OTAL Independent Expenditures	
with, o	penalty of perjury I certify that the independent expenditures reported herein were no or at the request or suggestion of, any candidate or authorized committee or agent of ecommittee) any political party committee or its agent.	
Qi~	Ms. Emily Buchanan [Electronically Filed] Date	10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Siy	nataro	

PAGE 102

OF

Schedule E)	VI EXI EIVE	ITOTILO		PAGE 103 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Todd Ellis			10	29 / 2014
Mailing Address P.O. Box 712			Amount	
City	State	Zip Code		110.00
Alexander	AR	72002		: b19ef19b-c7fd-4a28-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , ,	217465.67	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Todd Ellis			10	29 / 2014
Mailing Address P.O. Box 712			Amount	
City	State	Zip Code		52.20
Alexander	AR	72002		: 3c8e0b12-53d1-4c75-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	217465.67	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			162.20
			7	
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 31	2014
-				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Lyndsey R Tarr	10 29 2014
	Mailing Address 109 Essex Cv	Amount
	City State Zip Code	10.00
	Jacksonville AR 72076	Transaction ID : bbf1e824-7cd0-4292-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	ee Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disb 217465.67 Disb	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify) ▶
	Full Name of Payee Lyndsey R Tarr	Date of Public Distribution/Dissemination
	Mailing Address 109 Essex Cv	10 29 2014 Amount
	City State Zip Code	4.20
	Jacksonville AR 72076	Transaction ID : c0c043c5-5377-483d-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 29 2014
	Name of Federal Candidate Support Office	ce Sought: House District:00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	14.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(17)	10 31 2014
	Signature	للنتا لتا ل

PAGE 104

OF

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-h	oour report New repo	ort Amends repor	filed on/	D = D / Y = Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Chance B Ross			10	29 / 2014
Mailing Address 920 W Gracewood	Apt 106		Amount	
City	State	Zip Code		10.00
Fayetteville	AR	72701	Transaction I Date of Disbu	D: 9f25b62f-4b42-4f95-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	_	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	2	17465.67	Disbursement For: 2014 Other (sp.	Primary General
Full Name of Payer				
Full Name of Payee Chance B Ross			Date of Public	c Distribution/Dissemination
Mailing Address 920 W Gracewoo	od Apt 106		Amount	
City	State	Zip Code		6.00
Fayetteville	AR	72701		D: 924428e1-e62e-40af-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		217465.67	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independ	lent Expenditures		•	16.00
(b) SUBTOTAL of Unitemized Independent	endent Expenditures		•	42 1 42 1
(c) TOTAL Independent Expenditures	S		.	
Under penalty of perjury I certify tha with, or at the request or suggestion party committee) any political party c	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 31	2014
Signature				

PAGE 105

OF

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDE	ENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C	00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M /	D = D / Y = Y = Y
П	Full Name of Payee	Date of Public	Distribution/Dissemination
	Maria A Britt	10	29 / 2014
	Mailing Address 4894 Thunder Bolt	Amount	
ŀ	City State Zip Code		80.00
	Concord NC 28205	Transaction ID Date of Disburs): f047bc1c-5d21-477f-8 sement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	29 / 2014
İ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose	President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: [Primary
	Full Name of Payee Jeffrey S Hauge Mailing Address 211 N Ashley Park	Date of Public	Distribution/Dissemination 29 2014
	Mailing Address 211 N Ashley Park	Amount	
ľ	City State Zip Code		67.50
			: af983f3e-7b55-49ca-b sement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	29 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Greg Orman Oppose	President X	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:	Primary
(a) SUBTOTAL of Itemized Independent Expenditures		147.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7	
(c) TOTAL Independent Expenditures	-	7
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	D / 31	2014
	Signature		

PAGE 106

OF

Schedule E)		1101120		PAGE 107 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Jeffrey S Hauge			M = M	lic Distribution/Dissemination
Mailing Address 211 N Ashley Park			Amount	29 2014
City	State	Zip Code		12.90
Wichita	KS	67212		ID: 90f3a33e-e52b-4804-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		196953.44	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee OLynda Walker			Date of Pub	lic Distribution/Dissemination
Mailing Address 10000 Mount Pleasant Rd			Amount	
City	State	Zip Code		80.00
Midland	NC	28107		ID : f0cacdc0-8630-498b-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 ^M	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1074185.10	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures		. •	92.90
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	4
(c) TOTAL Independent Expenditures			>	7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	9 10 31	2014
Signature				

Schedule E)	J. 1115E. E.15E.1	// LITE.	101120				PAGE 108 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Fu	,					FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out F	'AC						C00530766
Check if 24-hour report	48-hour report	New repo	ort Amen	ds repo	rt filed on	1 = M /	D = D / Y = Y = Y
Full Name of Payee OLynda Walker						и – м /	c Distribution/Dissemination
Mailing Address 10000 Mo	unt Pleasant Rd				Amou	10 int	29 2014
City	Sta	ate	Zip Code		- $ $ $-$		20.70
Midland	N		28107				ID: c0248b29-b511-4047-b ursement or Obligation
Purpose of Expenditure Mileage			Category/ Type	002		10	29 / 2014
Name of Federal Candidate			Sup	pport	Office Sough	nt:	House District:00
Ms. Kay Hagan				pose	Presid	_	Senate State: NC
Calendar Year-To-Date Per Election for Office		10	074185.10		Disbursemer 2014	nt For: Other (sp	Primary
Full Name of Payee Jordyn Kilbury Mailing Address 5416 S	Santa Fe Street					10	c Distribution/Dissemination
					Amou	ווונ	
City Wichita	Sta K:	ate KS	Zip Code 67216				120.00 D: 620a37a3-3788-4c52-9 ursement or Obligation
Purpose of Expenditure Salary			Category/ Type	001		10	29 / 2014
Name of Federal Candidate			Sur	pport	Office Sough	nt:	House District: 00
Mr. Greg Orman			Х Орг		Presid		Senate State: KS
Calendar Year-To-Date Per Election for Office			196953.44		Disbursemer 2014		Primary X General
(a) SUBTOTAL of Itemized	Independent Expenditures				•	7	140.70
(b) SUBTOTAL of Unitemize	ed Independent Expenditures.				•		
(c) TOTAL Independent Exp	penditures				· [
with, or at the request or su	ertify that the independent ex aggestion of, any candidate or al party committee or its agen	r authorized					
Ms. Emily Bucha	nan	[Electron	ically Filed]	Date	10	31	2014
Signature							

Schedule E)		1101.20		PAGE 109 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y Y Y Y
Full Name of Payee Jordyn Kilbury			M = F	
Mailing Address 5416 S Santa Fe Street			Amount	29 2014
City	State	Zip Code		20.40
Wichita	KS	67216		ion ID : 492359a8-014c-461e-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	W / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	196953.44	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee Chelsi M Cox			Date of F	
Mailing Address 4254 Eagle Lake Ct			Amount	
City	State	Zip Code		20.00
Bel Aire	KS	67220	Transaction Date of D	on ID : 6ab62b00-5c6a-41db-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		196953.44	Disbursement For 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditure	res		.	40.40
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	4 1 4 1 4 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electror	nically Filed] Date	10	31 2014
Signature				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Chelsi M Cox	10 29 / 2014
Mailing Address 4254 Eagle Lake Ct Amo	punt
City State Zip Code	6.30
	nsaction ID : e2aae84f-66f2-4b41-b e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 29 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mr. Greg Orman Presi	ident State: KS
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Date	e of Public Distribution/Dissemination
Marilyn Galliardt	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 410 Wedgewood Ct Amo	ount
City State Zip Code	90.00
	saction ID: eeae89e8-8dfd-4e51-9 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 29 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mr. Greg Orman Oppose Presi	ident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	96.30
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 110

OF

Schedule E)	INT EXILID	HONES	<u> </u>	PAGE 111 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Marilyn Galliardt			Date of Public I	Distribution/Dissemination
Mailing Address 410 Wedgewood Ct			10 Amount	29 2014
City	Ctoto	Zin Codo		27.50
City Hesston	State KS	Zip Code 67062		37.50 : 7dc4c4fd-04d2-4cbe-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 Jan 10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7 7	196953.44	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jake Mathews			10 /	29 / 2014
Mailing Address 6418 East 12 St			Amount	
City	State	Zip Code		67.50
Wichita	KS	67206		2f3ef6c1-124c-48d1-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	-	196953.44	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures		·	105.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
(b) CODICIAL OF CHIRCHIZED INDEPENDENT EXPEN	altaros			
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 31	2014
- 3				

			FOR SE	OF FORM 24/48
	F COMMITTEE (In Full)	FE	C IDENTIFICA	TION NUMBER ▼
vvome	en Speak Out PAC	C	C0053076	66
Check if	24-hour report 48-hour report New report Amends report filed or	n	M / D = D	/ Y = Y = Y = Y
		Date of F	Public Distributi	on/Dissemination
	xe Mathews	M 10		2014
Mailir	ng Address 6418 East 12 St	Amount		
City	State Zip Code			12.90
Wich	ita KS 67206 T		tion ID : ca5f72	26d-ed58-4a73-9
Purpo Mile:	ose of Expenditure	M 10	M / D D	2014
Name	e of Federal Candidate Support Office S	Sought:	House	District: 00
Mr. 0	Gren Orman	resident	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement F	or: Primer (specify) ▶	ary X General
Full I	Name of Payee			ion/Dissemination
	rley R Gladstone	M 10	M / D D	/ 2014
Maili	ng Address 619 W 51st Street South	Amount		
City	State Zip Code			40.00
Wicl			on ID : 8b7757 Disbursement	7b4-1066-4561-9 or Obligation
Purp Sala	ose of Expenditure	10	M / D D	2014
Nam	e of Federal Candidate Support Office S	Sought:	House	District: 00
Mr. (Greg Orman Oppose P	resident	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	ement F	or: Primer (specify) ►	ary X General
(a) Sl	JBTOTAL of Itemized Independent Expenditures		7 1 1 3	52.90
(b) Sl	JBTOTAL of Unitemized Independent Expenditures		4	
(c) TO	TAL Independent Expenditures		4- 1 -	
with, c	penalty of perjury I certify that the independent expenditures reported herein were not made r at the request or suggestion of, any candidate or authorized committee or agent of either, committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 10	/ D	31 Y	y y y y 2014
Sig	nature	<u> </u>		

PAGE 112

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amer	nds report filed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Shirley R Gladstone	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 619 W 51st Street South	Amount
City State Zip Code	5.70
Wichita KS 67217	Transaction ID: 30fa6238-06e0-48ba-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002
Name of Federal Candidate Su	pport Office Sought: House District: 00
Mr. Greg Orman Op	pose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 196953.44	Disbursement For: Primary ⊠ General 2014 Other (specify) ▶
Full Name of Payee Kelly Dolan	Date of Public Distribution/Dissemination
Mailing Address 543 S 2nd St	Amount 29 2014
City State Zip Code	80.00
Bellaire NC 77401	Transaction ID : 43a93834-a258-47a0-8
Purpose of Expenditure Salary Category/ Type	Date of Disbursement or Obligation 001 Date of Disbursement or Obligation 29 2014
Name of Federal Candidate	pport Office Sought: House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought 1074185.10	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	85.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 31 2014
Signature	

PAGE 113

OF

Full Name of Payee Kelly Dolan Mailing Address 543 S 2nd St City State Zip Code Bellaire NC 77401 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Kay Hagan Date of Public Distribution/Disserving Amount Transaction ID: 2c1d3858-255 Date of Disbursement or Obligat Support Office Sought: House Distribution/Disserving Amount Transaction ID: 2c1d3858-255 Date of Disbursement or Obligat Support Office Sought: House Distribution/Disserving Amount Transaction ID: 2c1d3858-255 Date of Disbursement or Obligat Support Office Sought: House Distribution/Disserving Amount	
Check if	JMBER ▼
Check if	
Kelly Dolan Mailing Address 543 S 2nd St Amount Amount Amount City Bellaire NC 77401 Category/ Type O02 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Toffice Sought Disbursement For: Primary Oppose President Senate State Disbursement For: Primary Other (specify) ▶ Full Name of Payee Stuart T Haley Date of Public Distribution/Disse Stuart T Haley Date of Public Distribution/Disse Stuart T Haley Date of Public Distribution/Disse Date of Public Distribution/Disse President Other (specify) ▶ Date of Public Distribution/Disse Stuart T Haley Date of Public Distribution/Disse President Other (specify) ▶ Date of Public Distribution/Disse Stuart T Haley President Other (specify) ▶ Date of Public Distribution/Disse President Other (specify) ▶ Date of Public Distribution/Disse	Y = Y = Y
Mailing Address 543 S 2nd St City State Zip Code Bellaire NC 77401 Transaction ID : 2c1d3858-2555 Date of Disbursement or Obliga Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Support Office Sought: House District Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Transaction ID : 2c1d3858-2555 Date of Disbursement or Obliga M M M / P 29 Y Oppose President X Senate Stat Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Other (specify) ▶ Full Name of Payee Stuart T Haley Date of Public Distribution/Disse	mination
City State Zip Code Bellaire NC 77401 Transaction ID: 2c1d3858-255t Date of Disbursement or Obligate Date of Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement For: □ Primary □ Disbursement For: □ Primary □ Disbursement For: □ Primary □ Date of Public Distribution/Disset Date of	2014
Bellaire NC 77401 Transaction ID: 2c1d3858-2555 Date of Disbursement or Obligat Purpose of Expenditure Mileage Category/ Type Name of Federal Candidate Support Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Stuart T Haley Transaction ID: 2c1d3858-2555 Date of Disbursement or Obligat No Oppose Disbursement For: Primary Disbursement For: Primary Date of Public Distribution/Disse	
Bellaire NC 77401 Transaction ID : 2c1d3858-255 Date of Disbursement or Obligat Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Support Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Transaction ID : 2c1d3858-255 Date of Disbursement or Obligat M	7.20
Purpose of Expenditure Mileage Name of Federal Candidate Support Office Sought: House District	
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Stuart T Haley Support Office Sought Oppose President Senate Stat Disbursement For: 2014 Other (specify) Date of Public Distribution/Disse	2014 Y
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Stuart T Haley Senate State Disbursement For: Primary 2014 Other (specify) ▶ Date of Public Distribution/Disse	et: 00
Per Election for Office Sought 1074185.10 2014 Other (specify) ▶ Full Name of Payee Stuart T Haley	e: NC
Stuart T Haley	General
Stuart I Haley	mination
10 29	2014
Mailing Address 600 W Vine Ave Amount	
City State Zip Code	110.00
Searcy AR 72143 Transaction ID: b5fbdc75-a888- Date of Disbursement or Obliga	
Purpose of Expanditure	2014
Name of Federal Candidate Support Office Sought: House Distri	et: <u>00</u>
Mr. Mark L Pryor	e:AR
Calendar Year-To-Date Per Election for Office Sought 217465.67 Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	17.20
(4)	
(b) SUBTOTAL of Unitemized Independent Expenditures	40
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 31 2014 Signature	

Schedule E)	10	1 L/11 Lite.	101120				PAGE 115 FOR SE OF	OF 164 FORM 24/48
NAME OF COMMITTEE (In						FEC II	DENTIFICATIO	
Women Speak Ou	t PAC					C	C00530766	
Check if $\overline{\mathbb{X}}$ 24-hour repor	t 48-hour report	New repo	ort Ame	nds repo	rt filed on	M = M	/ D D /	Y
Full Name of Payee					Date	e of Publi	c Distribution/[Dissemination
Stuart T Haley						10	/ 29	2014
Mailing Address 600 W	Vine Ave				Amo	ount		
City		State	Zip Code					30.00
Searcy		AR	72143				ID: 8809a10bursement or O	
Purpose of Expenditure Mileage			Category/ Type	002		10	29	2014
Name of Federal Candi	date		Sı	upport	Office Sou	ght:	House [District: 00
Mr. Mark L Pryor				ppose			Senate	State: AR
Calendar Year-To-D Per Election for Of		, , , 2	217465.67		Disbursement 2014	ent For: Other (sp	Primary Decify) ▶	X General
Full Name of Payee	man				Dat	e of Publi	ic Distribution/[Dissemination
Benjamin L Heiti	nan					10	29	2014
Mailing Address 2520) Helmstetler Rd				Am	ount		
City		State	Zip Code					65.70
Lexington		NC	27295				D : 5b680b46-0 ursement or O	0784-48a0-a
Purpose of Expenditure Salary			Category/ Type	001		10 10	29	2014
Name of Federal Candi	date		Sı	upport	Office Sou	ght:	House [District: 00
Ms. Kay Hagan			X o				Senate	State: NC
Calendar Year-To-D Per Election for Of		7	1074185.10		Disbursem 2014	ent For: Other (s _l	Primary pecify) ▶	X General
(a) SUBTOTAL of Itemiz	red Independent Expenditure	es						95.70
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	i di di di di Fini mata					7	7	
(b) SUBTOTAL of Uniter	mized Independent Expenditu	ures			• •		-	
(c) TOTAL Independent	Expenditures				•		-	
with, or at the request or	I certify that the independer suggestion of, any candidatitical party committee or its a	te or authorized						
Ms. Emily Bu	achanan	[Electron	ically Filed]	Date	M M M M 10	31	/ 2014	
Signature			_				-	

Soficadic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	10 29 2014
Mailing Address 2520 Helmstetler Rd Amou	unt
City State Zip Code	10.80
Lexington NC 27295 Trans	saction ID: b28cc7cd-32ff-4ad0-9 of Disbursement or Obligation
Purpose of Expenditure	10 29 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	nt For:
Full Name of Payee Date	of Public Distribution/Dissemination
Mailing Address 633 Scott Dr Amor	10 29 2014 unt
City State Zip Code	70.00
Gibsonville NC 27249 Trans.	action ID : 3e995eb4-e9ab-4db7-a of Disbursement or Obligation
Purpose of Expanditure	M 10 / 29 / 2014
Name of Federal Candidate Support Office Soug	ht: House District: 00
Ms. Kay Hagan Presid	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	80.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	31 2014
Signature	

PAGE 116

OF

Schedule E)				PAGE 117 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Hannah K Smith			M = M	blic Distribution/Dissemination
Mailing Address 633 Scott Dr			10 Amount	29 2014
City	State	Zin Codo		12.90
Gibsonville	NC	Zip Code 27249		on ID: b1253eed-eb11-4aae-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	/ 29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	74185.10	Disbursement For 2014 Other	:
Full Name of Payee Kaylan N Swanson			Date of Pu	ublic Distribution/Dissemination
Mailing Address 633 Scott Dr			10 Amount	29 2014
			Amount	
City Gibsonville	State NC	Zip Code 27249		70.00 n ID : 572e43bc-6adf-4bcb-8
Purpose of Expenditure Salary		Category/ Type 001	Date of DI	sbursement or Obligation / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1074185.10	Disbursement For 2014 Other	r: Primary X General (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	S		.	82.90
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 3	

Scl	hedule E)				PAGE 118 OF 164 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee			Date	e of Public Distribution/Dissemination
	Michael A Stieben				10 29 / Y Y Y Y Y Y
	Mailing Address 16864 Stillwell			Am	ount
ŀ	City	State	Zip Code		70.00
	Bonner Springs	KS	66012		nsaction ID : b0f6856b-121e-47b4-a e of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	Office Sou	ght: House District: 00
	Mr. Greg Orman		X Oppose	Pres	ident State: KS
L	Calendar Year-To-Date Per Election for Office Sought		96953.44	Disbursem 2014	ent For:
Г	Full Name of Payee Michael A Stieben			Dat	e of Public Distribution/Dissemination
-	Mar Warra Addisora				10 29 2014
١	Mailing Address 16864 Stillwell			Am	ount
ŀ	City	State	Zip Code	$ \Gamma$	18.90
	Bonner Springs	KS	66012	Tran Dat	saction ID: 8afb65ac-6e2a-4169-a e of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 29 / 2014
ľ	Name of Federal Candidate		Support	Office Sou	ight: House District: 00
	Mr. Greg Orman		X Oppose	Pres	sident State: KS
	Calendar Year-To-Date Per Election for Office Sought	, ,	196953.44	Disbursem 2014	ent For:
(;	a) SUBTOTAL of Itemized Independent Expenditure	98		. [88.90
					7 7 7
(1	b) SUBTOTAL of Unitemized Independent Expendit	tures		. ▶	9- 19- 19-
(0	c) TOTAL Independent Expenditures			•	
W	Inder penalty of perjury I certify that the independer ith, or at the request or suggestion of, any candidary committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M	31 2014
	Signature	1=3000 000	Date	10	2014

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDI	ENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C	C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M /	D = D / Y = Y = Y = Y
Т	Full Name of Payee Francesca Blom	Date of Public	Distribution/Dissemination
		10	29 / 2014
	Mailing Address 101 Asbury Ct	Amount	
ŀ	City State Zip Code		82.50
	Winchester VA 22602	Transaction II Date of Disbur	D: 2d440b6f-121c-4658-a rsement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	29 / 2014
Ī	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Greg Orman Oppose	_	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Other (spe	Primary
ľ	Full Name of Payee Phillip Williams	M = M /	Distribution/Dissemination
-	Mailing Address 3007 Darden Rd	Amount	29 2014
ŀ	City State Zip Code		80.00
	Greensboro NC 27407		: a2976df0-ba79-44a9-9 rsement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	29 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose	President >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	7	162.50
(b) SUBTOTAL of Unitemized Independent Expenditures	1 -9	
(c) TOTAL Independent Expenditures	7	1 4 1 4 1
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not make the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	0 / 31	2014
	Signature		

PAGE 119

OF

Schedule E)	VI EXI END	ITOTIES		PAGE 120 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Phillip Williams			M = M /	Distribution/Dissemination
Mailing Address 3007 Darden Rd			10 Amount	29 2014
O'th	Otata	7'- O- I-		04.00
City Greensboro	State NC	Zip Code 27407		21.60 : 62503e7f-a6bc-4f90-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, 10	074185.10	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee Beverly Williams	_		M = M /	Distribution/Dissemination
Mailing Address 3007 Darden Rd			10 Amount	29 2014
City	State	Zip Code		80.00
Greensboro	NC	27407		d9385787-8dc5-487d-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1074185.10	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			101.60
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	7 7 7
			-	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 31	2014
Olynature				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Michael D English	10 / 29 / 2014
	Mailing Address F4 Benton Ave Apt 4	Amount
ŀ	City State Zip Code	60.00
	Searcy AR 72149	Transaction ID : 523687e8-a5f8-44e8-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M 10 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Mark I. Pryor	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbur 217465.67 Disbur 2014	rsement For: Primary X General Other (specify) ▶
ľ	Full Name of Payee Michael D English	Date of Public Distribution/Dissemination
-	Mailing Address F4 Benton Ave Apt 4	10 29 2014 Amount
ŀ		
	City State Zip Code Searcy AR 72149	13.20 Transaction ID : 34470021-ee91-4c6a-b
	Purpose of Expenditure Mileage Category/ Type 002	Date of Disbursement or Obligation 10 29 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 217465.67 Disbut 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	73.20
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10) 31 2014
	Signature	

PAGE 121

OF

Schedule E)	CIVI EXIEND	ITOTILO		PAGE 122 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DIDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Courtney Goldstein			Date of Pu	
Mailing Address 1809 N Woodlawn			Amount	29 2014
City	State	Zip Code		80.00
Metairie	LA	70001		on ID : 87d3f0aa-abf9-4642-b
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	221046.76	Disbursement For 2014 Other	r:
Full Name of Payee			Date of Po	ublic Distribution/Dissemination
Courtney Goldstein			10	/ D D / Y Y Y Y Y Y 2014
Mailing Address 1809 N Woodlawn			Amount	
City	State	Zip Code		6.60
Metairie	LA	70001		n ID : fe8646bc-305a-4b23-a isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 ^M	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	221046.76	Disbursement Fo 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expen	ditures			86.60
(b) SUBTOTAL of Unitemized Independent Exp	enditures			7 7 7
				7 7 7
(c) TOTAL Independent Expenditures			•	4 4 4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	40 0	2014
S.g. accio				

Schedule E)	EXI EIID	101120		PAGE 123 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Joseph R English			M = M /	Distribution/Dissemination
Mailing Address 915 East Market Ave Apt 4			Amount	29 2014
City	State	Zin Codo		70.00
Searcy	AR	Zip Code 72143		D : 9235a25e-22f0-4d28-b Irsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, 2	17465.67	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Joseph R English			M = M	C Distribution/Dissemination
Mailing Address 915 East Market Ave Apt 4			Amount	29 2014
City	State	Zip Code		45.00
Searcy	AR	72143		D: 911ffa3c-bb2a-4a7c-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	217465.67	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		·	115.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures)	7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 31	2014

Schedule E)	VI EXI END	ITOTILO		PAGE 124 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Ryan Drake			10	29 / 2014
Mailing Address 29637 Park St			Amount	
City	State	Zip Code		50.00
Walker	LA	70785		ID: b887b6cf-9bb6-4fa7-a pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	221046.76	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Ryan Drake			10	29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29637 Park St			Amount	
City	State	Zip Code		18.00
Walker	LA	70785		ID: 71b6699c-81f0-46f6-b bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	221046.76	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			68.00
				4 4
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 31	2014
- 9				

Schedule E)	VI EXI END	ITOTILO		PAGE 125 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Mry S Everly				10 29 / 2014
Mailing Address 787 N 1851 Diagonal Rd			Amour	nt
City	State	Zip Code	- [35.00
Lecompton	KS	66050		action ID : ccf50b73-a6ea-4c19-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Greg Orman		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	196953.44	Disbursement 2014 Of	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Mry S Everly			M	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 787 N 1851 Diagonal Rd			Amou	
City	State	Zip Code		4.50
Lecompton	KS	66050		ction ID: 0b913277-c052-4fb8-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 29 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Greg Orman		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	196953.44	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			39.50
				7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	31 2014
-				

	_,						FOR SE OF	FORM 24/48
	COMMITTEE (In Full)					FEC I	DENTIFICATION	ON NUMBER ▼
women	Speak Out PAC					С	C00530766	
Check if 2	24-hour report 48-hour report	New repor	rt Am	ends repo		и = м	/ D = D /	Y Y Y Y Y
Full Nar	ne of Payee elle E Grindstaff				Date	of Publ	ic Distribution/l	Dissemination
						10	29	2014
Mailing	Address 147 Possum Trot Rd				Amou	unt		
City	Sta	ate Z	Zip Code					125.00
Bakers			28705				ID: 5b205670 ursement or O	
Purpose Salary	of Expenditure		Category/ Type	001		10	29	2014
Name o	f Federal Candidate			Support	Office Sough	nt:	House I	District: 00
Ms. Ka	/ Hagan			Oppose	Presid	_	Senate	State: NC
	endar Year-To-Date Election for Office Sought	107	4185.10		Disbursemer 2014		Primary pecify) ▶	X General
Dani	ne of Payee elle E Grindstaff Address 147 Possum Trot Rd					10	ic Distribution/	Dissemination 2014
City	C+	tate 2	Zip Code			-		14.40
Bakers			28705				D: 4a998fe2-foursement or C	725-4054-b
Purpose Mileag	e of Expenditure e		Category/ Type	002		10 DISC	/ 29	2014
Name o	f Federal Candidate	·		Support	Office Soug	ht:	House	District: 00
Ms. Ka	/ Hagan		$\overline{\mathbf{X}}$	Oppose	Presid	dent	Senate	State: NC
	lendar Year-To-Date r Election for Office Sought		1074185.1	0	Disbursement 2014		Primary	K General
(a) SUB	FOTAL of Itemized Independent Expenditures				•		1 1 7	139.40
(b) SUB	FOTAL of Unitemized Independent Expenditures	3			· [
(c) TOTA	L Independent Expenditures				· [
with, or a	nalty of perjury I certify that the independent et the request or suggestion of, any candidate on mittee) any political party committee or its ager	r authorized						
	Ms. Emily Buchanan	[Electronic	cally Filed]	Date	10	31	/ Y Y 201	
Signa	rure							

PAGE 126

OF

_	<u>-</u> /			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	1	FEC I	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on	М	/ D = D /	Y Y Y Y
	Full Name of Payee	Date of	f Publ	lic Distribution	Dissemination
	Natalie M Foutch		10 ^M	29	2014
	Mailing Address 1057 Waldron Road	Amoun	t		
	City State Zip Code				15.00
	LaVergne TN 37086			ID: 226a7546 oursement or 0	6-c88c-42a2-a
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	/ 29 /	2014
	Name of Federal Candidate Support Office	Sought	: [House	District:00
	Mr. Mark L Pryor Oppose	Preside	nt	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbu 217465.67 Disbu 2014	rsement		Primary specify) ▶	General
	Full Name of Payee Chris McCoy	M	- M	/ D D /	/Dissemination
	Mailing Address 1025 Cayley Ct	Amoun	10 nt	29	2014
	City State Zip Code				75.00
	High Point NC 27260			ID: 17be43cd oursement or (-d65d-4066-a
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	29	2014
	Name of Federal Candidate Support Office	Sought	:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	nt	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures			7	90.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		-7		
	(c) TOTAL Independent Expenditures		-7	- 7	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	O /	31	201	4
	Signature				

PAGE 127

OF

Women Speak Out PAC C Coossor6e		neddie E)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Chris McCoy Mailing Address 1025 Cayley Ct City State Zip Code Mileage	۷۷	omen Speak Out PAC	C C00530766
Chris McCoy Mailing Address 1025 Cayley Ct City State Zp Code High Point NC 27260 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Paripose of Expenditure Category/ Type Calendar Year-To-Date Purpose of Expenditure Per Election for Office Sought NC 27260 Danielle McCoy Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Purpose of Expenditure Category/ Type Category/ Type Category/ Type Other (specify) ▶ Category/ Other (specify) ▶ Category/ Other (specify) ▶ Category/ Type Other (specify) ▶ Category/ Other (specify) ▶ Category/ Type Other (specify) ▶ Category/ Other (specify) ▶ Category/ Type Category/ Other (specify) ▶ Category/ Type Other (specify) ▶ Category/ Type Other (specify) ▶ Category/ Other (specify) ▶ Category/ Type Other (specify) ▶ Category/	Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Mailing Address 1025 Cayley Ct City State Zip Code High Point NC 27260 Name of Federal Candidate Support Office Sought 1074185.10 Calendar Year-To-Date Purpose of Expenditure NC 27260 Mailing Address 1025 Cayley Ct City State Zip Code President State: NC 2014 Name of Pederal Candidate Support Office Sought 1074185.10 Calendar Year-To-Date Purpose of Expenditure NC 27260 Purpose of Expenditure State: NC 27260 Calendar Year-To-Date Per Election for Office Sought 1074185.10	Т		Date of Public Distribution/Dissemination
City State Zip Code High Point NC 272260 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Support Mileage Category/ Type 002 Name of Federal Candidate Support Mileage Category/ Type 002 Name of Federal Candidate Support Mileage President Senate State: NC Disbursement or Obligation Office Sought Thus Disbursement For: Primary General Per Election for Office Sought 1074185.10 Calendar Year-To-Date Per Election for Office Sought Total Type Office Sought Total Office Sought Total Type Office Type Office Sought Total Type Office Sought Total Type Office Type Office Sought Total Type Office Type Office Sought Total Type Office		•	
High Point NC 27260 Purpose of Expenditure Mileage		Mailing Address 1025 Cayley Ct	Amount
High Point NC 27260 Purpose of Expenditure Mileage	ŀ	City State Zin Code	23.70
Purpose of Expenditure Mileage Name of Federal Candidate Support Ms. Kay Hagan Support Office Sought: House District: 00 Disbursement For: Primary General Purpose of Expenditure Salary Name of Payee Danielle McCoy Mailing Address 1025 Cayley Ct City State Zip Code High Point NC Z7260 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan ame of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Name of Federal Candidat			Transaction ID : 692f7b56-6171-403c-b
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Danielle McCoy Mailing Address 1025 Cayley Ct City State Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought NC 27260 Transaction D: b833f67c-d0b8-dda2-a Date of Public Distribution/Dissemination Transaction D: b833f67c-d0b8-dda2-a Date of Disbursement or Obligation Transaction D: b833f67c-d0b8-dda2-a Date of Disbursement For: Oppose Office Sought: House Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought 1074185.10 Disbursement For: Primary General Other (specify) Other (specify) Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buckman [Electronically Filed] Date		Mileage Category/ 002	M - M / D - D / Y - Y - Y
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought President Calendar Year-To-Date Per Election for Office Sought President Calendar Year-To-Date Per Election for Office Sought President Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Danielle McCoy Mailing Address 1025 Cayley Ct Amount City State Zip Code High Point NC Z7260 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Category/ Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Total Independent Expenditures (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emilly Buckman [Electronically Filed] Date President Senate State: NC Transaction ID: b833f67c-d0b8-dd2-a Date of Public Distribution/Dissemination Transaction ID: b833f67c-d0b8-dd2-a Date of Public Distribution/Dissemination Transaction ID: b833f67c-d0b8-dd2-a Date of Disbursement or Obligation Transaction ID: b833f67c-d0b8-dd2-a Date of Disbursement or Obligation Transaction ID: b833f67c-d0b8-dd2-a Date of Public Distribution/Dissemination Transaction ID: b833f67c-d0b8-dd2-a Date of Public Distribution/Dissemination Transaction ID: b833f67c-d0b8-dd2-a Date of Disbursement or Obligation Transaction ID: b833f67c-d0b8-dd2-a Date of	ľ	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought 1074185.10		Ma Mary Harran	
Full Name of Payee Danielle McCoy Mailing Address 1025 Cayley Ct City State Zip Code High Point NC 27260 Purpose of Expenditure Salary Category/ Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date of Public Distribution/Dissemination To Votal Calendar Public Distribution/Dissemination To Votal Calendar Public Distribution/Dissemination To Votal Calendar Public Distribution/Dissemination Table Calendar Public Distribution/Dissemination Transaction ID: b833f67c-d0b8-4da2-a Date of Disbursement or Obligation Transaction ID: b833f67c-d0b8-4da2-a Date of Disbursement or Obligation Transaction ID: b833f67c-d0b8-4da2-a Date of Disbursement or Obligation Transaction ID: b833f67c-d0b8-4da2-a Date of Disbursement or Disgation Transaction ID: b833f67c-d0b8-4da2-a Date of Disbursement or Obligation Transaction ID: b833f67c-d0b8-4da2-a Date of Disbursement or Disgation Transaction ID: b833f67c-d0b8-4da2-		4074405 40	
Danielle McCoy Mailing Address 1025 Cayley Ct City State Zip Code Transaction ID: b833/67c-d0b8-4da2-a Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Support Ms. Kay Hagan Name of Federal Candidate Support Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Toylor To	ŀ		Other (specify)
Mailing Address 1025 Cayley Ct City State Zip Code 77.50 High Point NC 27260 Purpose of Expenditure Salary Category/ 001 Name of Federal Candidate Support Ms. Kay Hagan Name of Federal Candidate Sought 1074185.10 Calendar Year-To-Date Per Election for Office Sought 1074185.10 (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date 10 31 2014			M = M / D = D / Y = Y = Y
High Point NC 27260 Purpose of Expenditure Salary Category/ Type Ont Transaction ID: b833f67c-d0b8-4da2-a Date of Disbursement or Obligation M 1		Mailing Address 1025 Cayley Ct	
High Point NC 27260 Purpose of Expenditure Salary Category/ Type Ont Transaction ID: b833f67c-d0b8-4da2-a Date of Disbursement or Obligation M 1		City State Zip Code	77.50
Purpose of Expenditure Salary Category/ Type 001		High Point NC 27260	Transaction ID : b833f67c-d0b8-4da2-a Date of Disbursement or Obligation
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought 1074185.10 Disbursement For: Primary General 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures		Salany Odlegory 001	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	e Sought: House District:00
Per Election for Office Sought 1074185.10 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures		Ms. Kay Hagan Oppose	President State: NC State:
(c) TOTAL Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date MMM Date 10 31 2014	((a) SUBTOTAL of Itemized Independent Expenditures	101.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date Math Math Date 10 31 2014 31 2014 31 2014 31 31 3014 3	((b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	((c) TOTAL Independent Expenditures	
[Electronically Filed] Date 10 31 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
		[El-+	

PAGE 128

OF

Schedule E)				PAGE 129 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-ho	our report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Danielle McCoy			10	29 / 2014
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code		21.90
High Point	NC	27260		ID: eb684d17-0f3e-4ae1-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	074185.10	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Eleanor McCoy			10	/ D D / Y Y Y Y Y Y Y Y 29 2014
Mailing Address 4902 Catawba Dr				20 200
			Amount	
City	State	Zip Code		65.00
Greensboro	NC	27407		D: 395ea914-740f-4dbf-9 cursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1074185.10	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent	nt Expenditures		• •	86.90
(b) SUBTOTAL of Unitemized Indepen	ndent Expenditures		· •	
(c) TOTAL Independent Expenditures.			·	
Under penalty of perjury I certify that with, or at the request or suggestion c party committee) any political party co	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 10 31	/ Y Y Y Y Y 2014
Signature				

Schedule E)	IVI EXI END	TIONES	PAGE 130 OF FOR SE OF FORM 2	164 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUM	BER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemin	nation
Eleanor McCoy			10 29 / Y 20	14
Mailing Address 4902 Catawba Dr			Amount	
City	State	Zip Code		21.60
Greensboro	NC	27407	Transaction ID : 6061bee5-6d89-4 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10 29 7 20	14
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President State:	NC
Calendar Year-To-Date Per Election for Office Sought	1	074185.10	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Dissemi	nation
Carol L Walters				14
Mailing Address 1900 Glen West Way			Amount	
City	State	Zip Code	9	0.00
Fort Smith	AR	72916	Transaction ID : f307c9b9-28e1-4c3 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 29 20	14
Name of Federal Candidate		Support	Office Sought: House District:	00
Mr. Mark L Pryor		X Oppose	President State:	AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	217465.67	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		111.	60
			7 7	-
(b) SUBTOTAL of Unitemized Independent Expen	ditures		>	
(c) TOTAL Independent Expenditures			·	0.
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 31 2014	
-				

Schedule E)		1101120		PAGE 131 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Carol L Walters				Public Distribution/Dissemination
Mailing Address 1900 Glen West Way				0 29 2014
			Amount	
City	State	Zip Code		6.60
Fort Smith	AR	72916		ction ID: 8fbcf800-639e-4a0c-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	Presiden	t Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		217465.67	Disbursement 2014 Oth	For: Primary General
Full Name of Payee				Public Distribution/Dissemination
Brandon Wheeler				M / D D / Y Y Y Y
Mailing Address 10112 Piney Creek Ct				0 29 2014
1			Amount	
City	State	Zip Code		60.00
Charolette	NC	28215		tion ID : a9ee352a-9db1-4cc8-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		0 29 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	Presiden	t Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		217465.67	Disbursement 2014 Oth	For: Primary ☐ General ler (specify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	66.60
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cancer party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date		31 2014
Signature				

Schedule E)		1101120		PAGE 132 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 🔀 24-hour report 🗌 48-hour repor	t New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Brandon Wheeler			Date of Pu	ublic Distribution/Dissemination
Mailing Address 10112 Piney Creek Ct			10 Amount	29 2014
				10.50
City Charolette	State NC	Zip Code 28215		13.50 on ID : 195e0333-328c-4eb8-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Di	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		217465.67	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Brogan A Benoit			Date of Pu	ublic Distribution/Dissemination
Mailing Address 7144 South River Rd			Amount	
City	State	Zip Code		60.00
Addis	LA	70710		n ID: 03fde9a7-9c78-4e07-b isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		221046.76	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures			73.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· .	
(c) TOTAL Independent Expenditures			·	7 1 7 1 7 1
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10 3	1 2014
Signature				

Schedule I	E)		1101120		PAGE 133 OF 164 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women :	Speak Out PAC				C C00530766
Check if X	24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	- M / D - D / Y - Y - Y - Y
	e of Payee n A Benoit				of Public Distribution/Dissemination
	ddress 7144 South River Rd			L	10 29 / 2014
				Amou	nt
City		State	Zip Code		14.10
Addis		LA	70710		action ID: 060cc63d-69ce-4b5f-b of Disbursement or Obligation
Purpose of Mileage	of Expenditure		Category/ Type 002		10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary	L Landrieu		X Oppose	Preside	ent X Senate State: LA
	ndar Year-To-Date Election for Office Sought		221046.76	Disbursemen 2014 O	t For: Primary X General
	e of Payee	_			of Public Distribution/Dissemination
Amy J	McMillion			N	10 29 2014
Mailing A	ddress 1325 S Collegiate Dr Apt 202G			Amou	
l				Amou	nt
City		State	Zip Code		26.70
Wilkesbo		NC	28697	Transa Date	of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	N	10 29 7 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay	Hagan		X Oppose	Preside	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought	7 1 7	1074185.10	Disbursemen 2014	ther (specify) ►
(a) SUBTO	DTAL of Itemized Independent Expenditure	res		•	40.80
(b) SUBTO	OTAL of Unitemized Independent Expend	itures		· •	
(c) TOTAL	. Independent Expenditures			· •	7 1 7 1 7 1
with, or at	alty of perjury I certify that the independ the request or suggestion of, any candid nittee) any political party committee or its	late or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	31 2014
Signatu	re				

Schedule E)	LIVI EXI END	TIONES	PAGE 134 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amy J McMillion			10 29 / 2014
Mailing Address 1325 S Collegiate Dr Apt 202G			Amount
City	State	Zip Code	6.90
Wilkesboro	NC	28697	Transaction ID : 8b738cfd-fbf2-4858-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	074185.10	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kaitlyn B Allen			10 29 2014
Mailing Address 2121 Daniel Dr			Amount
City	State	Zip Code	100.00
Searcy	AR	72143	Transaction ID : 1c96d3d6-c465-4b7b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 29 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	19119	217465.67	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. • 106.90
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 31 7 2014

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date o	of Pub	lic Distribution/	Dissemination
	Kaitlyn B Allen		10 ^M	29	2014
	Mailing Address 2121 Daniel Dr	Amour	nt		
ŀ	City State Zip Code				42.93
	Searcy AR 72143			ID: 1ae99e11 bursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	29	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr Mark I Pryor	Preside		X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 217465.67 2014	rsemen		Primary specify) ▶	General
ľ	Full Name of Payee Carl Brent		of Pub	olic Distribution	
	Mailing Address 6718 Lake Willow Dr	IVI	10	29	2014
١		Amou	nt		
ľ	City State Zip Code				80.00
				ID: cf6f6778-f bursement or 0	
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	29	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 221046.76	rsemen		Primary specify) ▶	General
((a) SUBTOTAL of Itemized Independent Expenditures		-7	7	122.93
((b) SUBTOTAL of Unitemized Independent Expenditures		-		
((c) TOTAL Independent Expenditures	Ľ.		7 7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	D /	31	D / Y Y 201	4
	Signature		_		

PAGE 135

OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	[C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee	Date of	Public Distribution/Dissemination
Carl Brent	M 1	0 29 2014
Mailing Address 6718 Lake Willow Dr	Amount	
City State Zip Cod	e	10.20
New Orleans LA 70126	Transac	ction ID : 5d61d39d-26a2-422e-8 Disbursement or Obligation
Purpose of Expenditure Mileage Category Ty	ory/ /pe 002 1	0 29 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Mary L Landrieu		t X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 221046.70	Disbursement 2014 Oth	For: Primary X General Primary Primary Repectify) ►
Full Name of Payee		Public Distribution/Dissemination
Amelia Brackett	M	0 29 2014
Mailing Address 804 Roundabout Circle	Amount	
City State Zip Cod	e	100.00
Searcy AR 72143		tion ID : 5679493a-7a34-4af8-b Disbursement or Obligation
Purpose of Expenditure Salary Category	ory/ /pe 001 1	0 29 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Mr. Mark L Pryor	Oppose Presiden	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 21746	Disbursement 2014 Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······································	110.20
(b) SUBTOTAL of Unitemized Independent Expenditures		4 1 4 1 4
(c) TOTAL Independent Expenditures	·	7 7 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committed party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically File	d] Date 10	31 2014
Signature		

PAGE 136

OF

Sche	edule E)		1101120		PAGE 137 OF 164 FOR SE OF FORM 24/48	
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER	—
Wo	men Speak Out PAC				C C00530766	
Check	if X 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M = M / D = D / Y = Y = Y	
T Fu	ull Name of Payee			Date	of Public Distribution/Dissemination	_
J	Jacob T Craig				10 29 2014	
IVi	ailing Address 1410 Bushville Dr			Amou	unt	
Ci	ity	State	Zip Code		65.00	
L	enoir	NC	28645		saction ID : 533c695e-fe4d-4164-b of Disbursement or Obligation	
	urpose of Expenditure Salary		Category/ Type 001		10 29 2014	Y
Na	ame of Federal Candidate		Support	Office Sough	ht: House District: 00	
M	1s. Kay Hagan		Oppose	Preside	dent Senate State: NC	
	Calendar Year-To-Date Per Election for Office Sought	10	074185.10	Disbursemen 2014	nt For: Primary X Gener	al
	ull Name of Payee			Date	of Public Distribution/Dissemination	
	Brenda L McCune				M M / D D / Y Y Y Y 1	Y
M	lailing Address 1254 Fleming St Apt 6			L	10 29 2014	
	1201110111119 0111-1-10			Amou	unt	
С	ity	State	Zip Code		110.00	٦
_	Conway	AR	72032		action ID : bc9d428a-cf8d-4c69-8 of Disbursement or Obligation	
	urpose of Expenditure Salary		Category/ Type 001	$\exists \mid C$	10 / 29 / 2014	Υ
N	ame of Federal Candidate		Support	Office Sough	ht: House District: 00	
M	Mr. Mark L Pryor		X Oppose	Presid		
	Calendar Year-To-Date Per Election for Office Sought	, , ,	217465.67	Disbursemer 2014	nt For:	al
(a)	SUBTOTAL of Itemized Independent Expenditure	∋s		>	175.00	
(b)	SUBTOTAL of Unitemized Independent Expendit	tures		·· •	1711711	
(c)	TOTAL Independent Expenditures			•	171171171	
with	der penalty of perjury I certify that the independen, or at the request or suggestion of, any candidaty committee) any political party committee or its	ate or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
_	Signature		_			

Schedule E)	INT EXTEND	TTOTILO	PAGE 138 OF 164 FOR SE OF FORM 24/48	1
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	T
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	Y
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination	
Mailing Address 1254 Fleming St Apt 6			10 29 2014 Amount	_
City Conway	State AR	Zip Code 72032	68.10 Transaction ID: ce301162-861b-4d19-8 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10 29 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Mark L Pryor		Oppose	President Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		217465.67	Disbursement For: Primary ☐ General Primary ☐ Content of the Cont	ral
Full Name of Payee			Date of Public Distribution/Dissemination	1
Jeffrey Hampton			10 29 2014	Υ
Mailing Address 1700 E Part Ave			Amount	
City	State	Zip Code	37.00	
Searcy	AR	72149	Transaction ID: 0eb0c91e-7f90-4d36-8 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 29 7 2014	Υ
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Mark L Pryor		X Oppose	President X Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		217465.67	Disbursement For:	ral
(a) SUBTOTAL of Itemized Independent Expend	itures		105.10	٦
(b) SUBTOTAL of Unitemized Independent Expe	nditures			_
(,,				_
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 31 2014	
5.g. a.a.				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution/	Dissemination
	Jeffrey Hampton	M	10 ^M	29	2014
	Mailing Address 1700 E Part Ave	Amou	nt		
ı	City State Zip Code	П.			16.68
	Searcy AR 72149			n ID: f72841fa- bursement or (44b4-43b3-a
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	29	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Mark L Pryor Oppose	Preside		Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbu 217465.67 Disbu 2014	rsemen		Primary specify) ▶	General
ł	Full Name of Payee			olic Distribution	/Discomination
	Karen R Myers	Date	10 Put	/ Distribution	2014
	Mailing Address 14566 NW 110th St	Amou	-	23	2014
	City State Zip Code				82.50
	Whitewater KS 67154			ID: 851fb3fc-6 bursement or (
	Purpose of Expenditure Salary Category/ Type 001	_	10 ^M	29	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Greg Orman Oppose	Preside	ent	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures				99.18
	(b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures			7 -7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	0 / I	31	D / Y Y 201	4
	Signature				

PAGE 139

OF

Schedule E)	-14: - /	1101120		PAGE 140 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Karen R Myers	<i>y</i>		M = M	olic Distribution/Dissemination
Mailing Address 14566 NW 110th St			Amount	29 2014
City	State	Zip Code		24.30
Whitewater	KS	67154		n ID: 88e3b9cd-0bd1-4b79-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		196953.44	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee Evelyn Lesaicherre			Date of Pub	olic Distribution/Dissemination
Mailing Address 629 Radiance Ave			Amount	
City	State	Zip Code		80.00
Metairie	LA	70001		ID: 83de0bd5-f392-40a7-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		221046.76	Disbursement For: 2014 Other (Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	itures		→	104.30
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date		2014
Signature				

Schedule E)	I LAPLIND	ITORES		PAGE 141 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Evelyn Lesaicherre			Date of Pub	lic Distribution/Dissemination
Mailing Address 629 Radiance Ave			10 Amount	29 2014
01	01-1-	7's Oads		40.50
City Metairie	State LA	Zip Code 70001	Transaction	10.50 ID : ab182b9e-f992-457a-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Dist	pursement or Obligation 29 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	221046.76	Disbursement For: 2014 Other (s	Primary
Full Name of Payee				olic Distribution/Dissemination
Lee R Carter			M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code		80.00
Raleigh	NC	27604		ID: 0ea2af54-c4c2-4760-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1074185.10	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	·s			90.50
			-	4
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 31	2014
Signature				

Schedule E)		PAGE 142 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		O coodes.co
Check if 24-hour report 48-hour report New	v report Amends report t	filed on M M / D D / Y Y Y Y Y
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination
		10 29 / Y Y Y Y
Mailing Address 3110 Brentwood Rd		Amount
City State	Zip Code	6.60
Raleigh NC	27604	Transaction ID: b01d8a16-382f-41d4-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee	·	Date of Public Distribution/Dissemination
Helen Celestine		10 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 38346 Quinn Rd		Amount
01.11	7. 0.	
City State Pearl River LA	Zip Code 70452	30.00 Transaction ID: 9f6ff9d6-a748-4310-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		36.60
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Ele	ectronically Filed] Date	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	VI EXI END	ITOTILO		PAGE 143 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Helen Celestine			Date of	Public Distribution/Dissemination
Mailing Address 38346 Quinn Rd			1 Amount	0 29 2014
			/ unount	
City	State	Zip Code	Transact	4.50
Pearl River	LA	70452		ction ID: c91ae926-b59b-468c-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1	0 29 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		221046.76	Disbursement I 2014 Oth	For: Primary General er (specify) ▶
Full Name of Payee	_		Date of	Public Distribution/Dissemination
Debra Lindsey			M 1	0 29 2014
Mailing Address 119 Goldenwood Dr			Amount	
City	State	Zip Code		30.00
Slidell	LA	70461		tion ID : eaecd837-3806-4461-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		0 29 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	state: LA
Calendar Year-To-Date Per Election for Office Sought	7	221046.76	Disbursement 2014 Oth	For: Primary X General Primary Primary Repectify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			34.50
(a) GOD TO THE OF NOTICE OF MODERNING EXPONENCE				04.00
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		31 2014
• · · · · · · · · · · · · · · · · · · ·				

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	[C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee	Date of	Public Distribution/Dissemination
Debra Lindsey	M 1	
Mailing Address 119 Goldenwood Dr	Amount	
City State Zip Code	9	4.50
Slidell LA 70461	Transac	ction ID : 587b68f0-0bd6-4dff-b Disbursement or Obligation
Purpose of Expenditure Mileage Catego Ty	ry/	
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Oppose Presiden	t X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 221046.76	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Kinsey E Beck	Date of	Public Distribution/Dissemination
Mailing Address 103 Glenhaven Ct		0 29 2014
100 Gleffillavell Gt	Amount	
City State Zip Cod	e	25.00
Harvest AL 35749		tion ID: 15f258d1-5646-426f-b Disbursement or Obligation
Purpose of Expenditure Salary Catego Ty	ry/ pe 001 1	
Name of Federal Candidate	Support Office Sought:	House District: 00
Mr. Mark L Pryor	Oppose Presiden	state: AR
Calendar Year-To-Date Per Election for Office Sought 21746	5.67 Disbursement 2014 Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······································	29.50
(b) SUBTOTAL of Unitemized Independent Expenditures		4 1 4 1 4
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically File	d] Date 10	31 2014
Signature	2410	

PAGE 144

OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
	Kinsey E Beck	M	10 ^M	29	2014
	Mailing Address 103 Glenhaven Ct	Amou	nt		
ŀ	City State Zip Code	Г.	-		3.60
	Harvest AL 35749			n ID: c33d1275 bursement or C	
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	29	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 217465.67 Disbut 2014	rsemen		Primary specify) ▶	General
ľ	Full Name of Payee			olic Distribution	Dissemination
	Rielly McMillion	Date (10 ^M	/ 29 /	2014
	Mailing Address 2501 Boone Trail	Amou	-	20	2011
	City State Zip Code	П.			26.70
	N Wilksboro NC 28659			ID: d8cbcf35- bursement or (d8ec-49b7-b
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	29	2014
١	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	
	(a) SUBTOTAL of Itemized Independent Expenditures				30.30
	(b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures			7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	0 / I	31	D / Y Y 201	4
	Signature		_		

PAGE 145

OF

			FOR SE	OF FORM 24/48
	ME OF COMMITTEE (In Full)	FE	C IDENTIFICA	TION NUMBER ▼
۷۷	omen Speak Out PAC	C	C0053076	6
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M	/ D D	/ Y = Y = Y
Т	Full Name of Payee	Date of F	Public Distribution	on/Dissemination
	Heather N Montgomery	10		2014
	Mailing Address 106 Wyncrest Ct	Amount		
ŀ	City State Zip Code	L		55.00
	Hendersonville TN 37075		ion ID : 843be7	734-ded4-42f5-9 r Obligation
	Purpose of Expenditure Salary Category/ Type 001	10		2014
ı	Name of Federal Candidate Support Office	Sought:	House	District: 00
	Mr. Mark L Pryor Oppose	President	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 217465.67 Disbut 2014	rsement F	or: Prima r (specify) ▶ _	ary X General
	Full Name of Payee Heather N Montgomery Mailing Address 106 Wyncrest Ct	Date of F	M / D D	on/Dissemination
-	City State Zip Code			8.10
	·		on ID: 564b08e	e2-a7be-46a7-b
	Purpose of Expenditure Mileage Category/ Type 002	M 10	M / D D	/ Y Y Y Y Y 2014
ľ	Name of Federal Candidate Support Office	Sought:	House	District:00
	Mr. Mark L Pryor Oppose	President	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbu 217465.67		or: Prima er (specify) ► _	ary X General
(a) SUBTOTAL of Itemized Independent Expenditures		7 1 7	63.10
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7	
(c) TOTAL Independent Expenditures		4	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 10	M / D		014
	Signature			

PAGE 146

OF

Sche	edule E)	L/11 -1.12.				GE 147 OF 164 OR SE OF FORM 24/48
	OF COMMITTEE (In Full)					TIFICATION NUMBER ▼
Wo	men Speak Out PAC					0530766
Chaok	x if X 24-hour report 48-hour report	New repo	Amondo rono		- M / L	D D / Y Y Y Y Y
		New repu	ort Amends repo	irt filed on		
Fu	ull Name of Payee Joshua E Sherman					stribution/Dissemination
M	ailing Address 119 Goldenwood Dr			Amou		
Ci	ity	State	Zip Code	$ \Gamma$		30.00
s	Slidell	LA	70461			78d95ad1-00e8-42d3-9 ment or Obligation
	urpose of Expenditure Salary		Category/ Type 001			29 / 2014
Na	ame of Federal Candidate		Support	Office Sough	it: F	House District: 00
N	/ls. Mary L Landrieu		X Oppose	Preside	ent X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	221046.76	Disbursemen 2014 O	t For:	Primary
Fu	ull Name of Payee Joshua E Sherman			Date	of Public Di	istribution/Dissemination
					10	29 / 2014
М	lailing Address 119 Goldenwood Dr			Amou	int	
С	ity	State	Zip Code	— I L .		4.50
- 1	Slidell	LA	70461	Transa Date	action ID: 8 of Disburse	3158cfb0-d5da-41ee-9 ment or Obligation
	urpose of Expenditure Mileage		Category/ Type 002			29 / 2014
N	ame of Federal Candidate		Support	Office Sough	nt: I	House District: 00
M	/ls. Mary L Landrieu		Oppose	Presid	ent X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	221046.76	Disbursemer 2014 C	nt For: Other (specif	Primary X General
(a)	SUBTOTAL of Itemized Independent Expenditures.	4				34.50
					7	7
(b)	SUBTOTAL of Unitemized Independent Expenditure	'es		• •	-	-7-
(c)	TOTAL Independent Expenditures			· •		
with	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate ty committee) any political party committee or its ac	e or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	31	2014
	Signature		_			

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Christine Stevens	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct	mount
City State Zip Code	80.00
Winchester VA 22602 T	ransaction ID: 0ab8d82f-9f95-4a74-a late of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 29 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Mr. Greg Orman Oppose Pr	esident State: KS
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary ☐ General Other (specify) ▶
Full Name of Payee Jazmine d Conner	Date of Public Distribution/Dissemination
Mailing Address	10 29 2014
Mailing Address 100 ASBURY CT	mount
City State Zip Code	70.00
	ansaction ID : faa80387-4389-4560-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 29 2014
Name of Federal Candidate Support Office S	ought: House District: 00
	resident Senate State: KS
	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	31 2014
Signature	

PAGE 148

OF

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC ID	ENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C	C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on Man /	D D
\Box	Full Name of Payee Jon E Conner	Date of Public	Distribution/Dissemination
1		10	29 / 2014
	Mailing Address 100 Asbury Ct	Amount	
	City State Zip Code		75.00
	Winchester VA 22602		D: 5ee9158e-38b7-4bfb-8 rsement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	29 / 2014
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Greg Orman Oppose	President >	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Other (spe	Primary ☐ General
	Full Name of Payee Rodney O Culbreath Mailing Address 100 Asbury Ct	Date of Public	Distribution/Dissemination 29 29 2014
1	City State Zip Code		80.00
	Winchester VA 22602		0: a6c93a9c-c7e2-42f8-8 ursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	29 / 2014
1	Name of Federal Candidate Support Office	Sought:	House District:00
1	Mr. Greg Orman Oppose	President >	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Other (sp	Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	1 1 7	155.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		7
	(c) TOTAL Independent Expenditures	7	7 1 7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	0 31	2014
	Oignaturo ————————————————————————————————————		_

PAGE 149

OF

<i>'</i>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Rodney D Culbreth	10 29 2014
Mailing Address 100 Asbury CT	nount
3200 Dam Neck Rd	iount.
City State Zip Code	80.00
	Insaction ID: dc058591-53d5-45be-9 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 29 / 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Greg Orman	sident X Senate State: KS
Calendar Year-To-Date Disbursem	
Per Election for Office Sought 196953.44 2014	Other (specify)
Full Name of Payee Da	te of Public Distribution/Dissemination
	10 29 2014
Mailing Address 100 Asbury Ct	nount
City State Zip Code	80.00
	nsaction ID: 08a5d733-0bde-4092-9 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 29 7 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
	sident State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 150

OF

· · · · · · · · · · · · · · · · ·				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends re	port filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Brieshauna M Stevens				10 29 2014
Mailing Address 1703 Torrey Pines Ct			Amo	unt
City	State	Zip Code		60.00
Reston	VA	20190		saction ID : 91d851ce-42c3-4319-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00		10 29 7 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Greg Orman		X Oppose	Presid	dent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 1 7	196953.44	Disburseme 2014	ent For: Primary
Full Name of Payee John P Hilkert			Date	of Public Distribution/Dissemination
Mailing Address 7 Bards Lane			Amo	
City	State	Zip Code		67.50
Fletcher	NC	28732		saction ID : cd27ee73-7cf5-4976-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	1	10 / 29 / 2014
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms. Kay Hagan		X Oppose	Presi	dent State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1074185.10	Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	res		.	127.50
(b) SUBTOTAL of Unitemized Independent Expend	itures		··· • [
(c) TOTAL Independent Expenditures			···· 	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Da	ate 10	31 / 2014
Signature				

PAGE 151

OF

Schedule E)				PAGE 152 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee John P Hilkert				of Public Distribution/Dissemination
Mailing Address 7 Bards Lane			L	10 29 2014
			Amour	nt
City	State	Zip Code		16.50
Fletcher	NC	28732		action ID: 85ddfc8c-d0ed-4c6f-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 29 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	NO.
Calendar Year-To-Date Per Election for Office Sought	1(074185.10	Disbursement	For: Primary General
Full Name of Payee				of Public Distribution/Dissemination
Bethlehem R Romm				-M / D D / Y Y Y Y
Mailing Address 2609 Bluestrem Dr			— L	10 29 2014
2609 Bluestrem Dr			Amou	nt
City	State	Zip Code		40.00
Lawrence	KS	66047		ction ID: b51224ad-269f-4c54-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 29 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Greg Orman		Oppose	Preside	ent X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		196953.44	Disbursement 2014 O	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure)S		•	56.50
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures			· [7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10	31 2014
Signature		_		

Schedule E)		10.120		PAGE 153 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour	report New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y
Full Name of Payee Bethlehem R Romm			М - М	ic Distribution/Dissemination
Mailing Address 2609 Bluestrem Dr			Amount	29 2014
City	State	Zip Code		12.00
Lawrence	KS	66047		ID: af7a47fe-3d2d-4428-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	29 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	1	96953.44	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Lauren M Ray			Date of Publ	ic Distribution/Dissemination
Mailing Address 215 Beech St			Amount	23 2017
City	State	Zip Code		30.00
Covington	LA	70433	Transaction I Date of Disb	D: f4875d4c-ae31-4c70-a oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		221046.76	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent	Expenditures		•	42.00
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		>	4
(c) TOTAL Independent Expenditures			>	7.1.5
Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party committee	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 31	2014
Signature				

Schedule E)				PAGE 154 OF 164 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/
Full Name of Payee Lauren M Ray			Date	of Public Distribution/Dissemination
·				10 29 2014
Mailing Address 215 Beech St			Amou	unt
City	State	Zip Code	-	36.00
Covington	LA	70433		saction ID: 598e4ce9-5763-4e12-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 29 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, 2	21046.76	Disbursemer 2014	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Nick Berryhill				10 29 2014
Mailing Address 905 Lake Drive			Amou	unt
City	State	Zip Code	ΗГ.	100.00
Shelby	NC	28152		action ID: 49589ffa-fc6d-45d4-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 29 / 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1074185.10	Disbursemen 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	s			136.00
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	31 / 2014

Schedule E)	IVI EXI END	HONES	PAGE 155 OF 164 FOR SE OF FORM 24/48	-
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	Y
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination	
Mailing Address 905 Lake Drive			10 29 2014 Amount	_
City	State	Zip Code	21.90	
Shelby	NC	28152	Transaction ID: 6e15e4d4-d21a-4afa-8 Date of Disbursement or Obligation	_
Purpose of Expenditure Mileage		Category/ Type 002	10 29 Y 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	1	074185.10	Disbursement For: Primary X Gener 2014 Other (specify) ▶	al
Full Name of Payee			Date of Public Distribution/Dissemination	
Joneisha Stewart			10 29 2014	Υ
Mailing Address 2329 Runnymede Dr			Amount	_
City	State	Zip Code	50.00	
Marrero	LA	70072	Transaction ID: 497a0dc4-bc12-481a-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 29 7 2014	Υ
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Mary L Landrieu		Oppose	President X Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	, ,	221046.76	Disbursement For: Primary	ral
(a) SUBTOTAL of Itemized Independent Expenditu	ures		71.90	٦
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. >	7
			7 7	_
(c) TOTAL Independent Expenditures			>	_
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 31 2014	
Signaturo				

				FOR SE OF	FORM 24/48
	OF COMMITTEE (In Full)	FI	EC II	DENTIFICATION	ON NUMBER ▼
vvon	nen Speak Out PAC			C00530766	
Check	if X 24-hour report 48-hour report New report Amends report filed of	n	M	/ D D /	Y = Y = Y
		Date of	Publi	c Distribution	/Dissemination
	oneisha Stewart	M 10		29	2014
Ма	iling Address 2329 Runnymede Dr	Amount			
City	y State Zip Code	, ,			6.00
				ID: 9ba09c1f ursement or 0	-1e54-45d6-a Obligation
	rpose of Expenditure leage Category/ Type 002	10		29	2014
Na	me of Federal Candidate Support Office	Sought:		House	District: 00
Ms	s. Mary L Landrieu 🔀 Oppose 🔲 ı	President		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disburs 221046.76 Disburs 2014	Sement F		Primary	
	I Name of Payee arl Stewart	Date of			/Dissemination
Ma	iling Address 9455 Snow Camp Road	10 Amount		29	2014
Cit	y State Zip Code	· · ·			60.00
-	nowcamp NC 27349			D: d0e8d2f7- ursement or (2931-451e-8
	rpose of Expenditure alary Category/ Type 001	M 10	M	29	2014
Na	me of Federal Candidate Support Office	Sought:		House	District:00
Ms	s. Kay Hagan Oppose	President	t [Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement F		Primary	General
(a)	SUBTOTAL of Itemized Independent Expenditures		-	1 1 7	66.00
(b)	SUBTOTAL of Unitemized Independent Expenditures		7		
(c)	TOTAL Independent Expenditures		7	1 7	
with,	er penalty of perjury I certify that the independent expenditures reported herein were not mad or at the request or suggestion of, any candidate or authorized committee or agent of either, or committee) any political party committee or its agent.				
_	Ms. Emily Buchanan [Electronically Filed] Date 10	M / [31	/ Y Y 201	
	Signature				

PAGE 156

OF

Sch	nedule E)	1 L /(1 L /(2)	1101120		PAGE 157 OF 164 FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Wo	omen Speak Out PAC		C C00530766				
Chec	ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y		
TF	Full Name of Payee Earl Stewart				of Public Distribution/Dissemination		
N	Mailing Address 9455 Snow Camp Road			Amoui	10 29 2014		
- 1	City Snowcamp	State NC	Zip Code 27349		action ID : 5026a00b-a7c5-4925-a of Disbursement or Obligation		
	Purpose of Expenditure Mileage		Category/ Type 002		10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
1	Name of Federal Candidate		Support	Office Sough	t: House District: 00		
	Ms. Kay Hagan		Oppose	Preside	NC NC		
	Calendar Year-To-Date Per Election for Office Sought	10	074185.10	Disbursemen 2014 O	t For: Primary X General		
F	Full Name of Payee Colton R Overcash				of Public Distribution/Dissemination		
1	Mailing Address 121 Ohara Dr			Amou	للنبا لنا لن		
	City	State	Zip Code		80.00		
	Salisbury	NC	28147	Transa Date	ction ID : c3648717-47d2-4c56-a of Disbursement or Obligation		
	Purpose of Expenditure Salary		Category/ Type 001	M	10 29 7 2014		
1	Name of Federal Candidate		Support	Office Sough	t: House District: 00		
	Ms. Kay Hagan		X Oppose	Preside	-		
	Calendar Year-To-Date Per Election for Office Sought	7 7	1074185.10	Disbursemen 2014 O	t For:		
(a	a) SUBTOTAL of Itemized Independent Expenditure				90.20		
(b	(b) SUBTOTAL of Unitemized Independent Expenditures						
(с	c) TOTAL Independent Expenditures			· ·			
wi	nder penalty of perjury I certify that the independe ith, or at the request or suggestion of, any candidatarty committee) any political party committee or its a	ate or authorized					
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	31 2014		
	Signature						

Schedule E)				PAGE 158 OF 164 FOR SE OF FORM 24/48		
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC		C C00530766				
Check if X 24-hour report 48-hour re	report New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y		
Full Name of Payee			Date of	Public Distribution/Dissemination		
Colton R Övercash			Date of	M / D D / Y Y Y Y		
Mailing Address 121 Ohara Dr			Amount			
City	State	Zip Code		123.30		
Salisbury	NC	28147		tion ID: d128e9d6-a3d9-4511-8 Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	M 10			
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President	NO.		
Calendar Year-To-Date Per Election for Office Sought	10	074185.10	Disbursement F 2014 Othe	For: Primary		
Full Name of Payee			Date of	Public Distribution/Dissemination		
Xavier Miller			M 10			
Mailing Address 407 randall Dr				0 29 2017		
150 150 150			Amount			
City	State	Zip Code		120.00		
Searcy	AR	72143		ion ID : 1f37beb5-7599-4a0c-a Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10			
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Mr. Mark L Pryor		X Oppose	President			
Calendar Year-To-Date Per Election for Office Sought		217465.67	Disbursement F 2014 Othe	For:		
(a) SUBTOTAL of Itemized Independent E	Expenditures		· •	243.30		
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures			· .	7		
Under penalty of perjury I certify that the with, or at the request or suggestion of, at party committee) any political party commit	ny candidate or authorized					
Ms. Emily Buchanan	[Electron	ically Filed] Date	4.0	31 2014		
Signature						

	include Ly	FOR SE OF FORM 24/48				
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
V	Vomen Speak Out PAC	C C00530766				
Ch	peck if X 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y				
	Full Name of Payee	Date of Public Distribution/Dissemination				
	Jeanne Tribou	10 29 2014				
	Mailing Address 22369 Ponderosa Dr.	Amount				
	City State Zip Code	50.00				
	Mandeville LA 70471	Transaction ID : 7650f1a2-3cff-4625-8 Date of Disbursement or Obligation				
	Purpose of Expenditure Salary Category/ Type 001	10 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Name of Federal Candidate Support Office	ce Sought: House District: 00				
	Ms. Mary L Landrieu Oppose	President Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought Disk 221046.76 2014	oursement For: Primary X General				
	Per Liection for Office Sought	Other (specify) -				
	Full Name of Payee Jeanne Tribou	Date of Public Distribution/Dissemination				
	Mailing Address 22369 Ponderosa Dr.	10 29 2014 Amount				
	City State Zip Code	14.10				
	Mandeville LA 70471	Transaction ID : 4cfe2199-67d4-43f7-8 Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage Category/ Type 002	10 29 2014				
	Name of Federal Candidate Support Office	ce Sought: House District: 00				
	Ms. Mary L Landrieu Oppose	President Senate State: LA				
	Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify)				
	(a) SUBTOTAL of Itemized Independent Expenditures	64.10				
(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
		10 31 2014				
	Signature	للثنيا لنا ل				

PAGE 159

OF

Schedule E)	ENT EXILID	THORIES		PAGE 160 OF 164 FOR SE OF FORM 24/48		
JAME OF COMMITTEE (In Full) MANAGE OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC	C	C00530766				
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Michael B Fuhrmann			M = M /	Distribution/Dissemination		
Mailing Address 329 Columbia St			Amount	28 2014		
City	State	Zip Code		80.00		
Shreveport	LA	71104		D: 69968c54-1020-4384-b rsement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10	28 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		Oppose	President >			
Calendar Year-To-Date Per Election for Office Sought	.,	221046.76	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶		
Full Name of Payee Michael B Fuhrmann			Date of Public	Distribution/Dissemination		
Mailing Address 329 Columbia St			10	28 2014		
City	State	Zip Code		15.90		
Shreveport	LA	71104		: ebf91ac3-4019-405b-9 rsement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10	28 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		Oppose		Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		221046.76	Disbursement For: 2014 Other (sp	Primary X General		
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
			4	4		
(c) TOTAL Independent Expenditures)	4		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 31	2014		
Signaturo						

	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	,
Women Speak Out PAC	C C00530766	
Check if 24-hour report 48-hour report New report	Amends report filed on M M / D D / Y Y Y Y Y]
Full Name of Payee	Date of Public Distribution/Dissemination	
Sabrina A Etcitty	10 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1
Mailing Address 155 Indain Ave Box # 252	Amount	-
City State Zip Co	Code 20.00	٦
Lawrence KS 66046		
	regory/ Type 001 10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y]
Name of Federal Candidate	Support Office Sought: House District: 00	
Mr. Greg Orman	Oppose President Senate State: KS	_
Calendar Year-To-Date Per Election for Office Sought 196953.	Disbursement For: Primary X General 2014 Other (specify) ▶	I
Full Name of Payee		_
Sabrina A Etcitty	Date of Public Distribution/Dissemination 10 29 2014	٦
Mailing Address 155 Indain Ave Box # 252	Amount	_
City State Zip C	Code 1.50	٦
Lawrence KS 6604		_
	egory/ Type 002 10 29 / 2014]
Name of Federal Candidate	Support Office Sought: House District: 00	
Mr. Greg Orman	Oppose President X Senate State: KS	_
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	21.50]
(b) SUBTOTAL of Unitemized Independent Expenditures]
(c) TOTAL Independent Expenditures	······································]
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically F	Filed] Date 10 31 2014	
Signature		

PAGE 161

OF

	modulo L)			FOR SE OF	FORM 24/48	
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼	
۷۱	omen Speak Out PAC		С	C00530766		
	eck if 24-hour report 48-hour report New report Amends report filed		- M	/ D = D /	Y = Y = Y	
\sqcap	Full Name of Payee	Date of	of Pub	lic Distribution	/Dissemination	
	Julie M Gentry	М	10 ^M	29	2014	
	Mailing Address 314 S Main St	Amour	nt			
	City State Zip Code				87.50	
	Roxboro NC 27573			ID: 1dfad62foursement or 0	-9104-4fca-b	
	Purpose of Expenditure Salary Category/ Type 001		10 M	29	2014	
	Name of Federal Candidate Support Office	e Sough	t:	House	District:00	
	Ms. Kay Hagan Oppose	Preside		X Senate	State: NC	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement		Primary	General	
	Full Name of Payee Julie M Gentry	Date of			/Dissemination	
	Mailing Address 314 S Main St	Amou	10	29	2014	
	City State Zip Code	_			10.02	
	Roxboro NC 27573	Transa Date	ction	ID: 23b2e70d bursement or (-d815-40e3-b Obligation	
	Purpose of Expenditure Mileage Category/ Type 002		10	29	2014	
	Name of Federal Candidate Support Office	e Sough	t:	House	District:00	
		Preside		X Senate	State: NC	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	/ Kaneral	
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
((c) TOTAL Independent Expenditures			- 4		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Emily Buchanan [Electronically Filed] Date	0 /	31	D / Y Y 201	Y Y Y 4	
	Signature					
					1	

PAGE 162

OF

Schedule E)	INT EXI END	TIONES	_	PAGE 163 OF 164 FOR SE OF FORM 24/48			
JAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
Women Speak Out PAC	Cc	00530766					
Check if 24-hour report 48-hour report	Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public I	Distribution/Dissemination			
Victory Phones			10	29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 190 Monroe Ave NW			Amount				
5th Floor							
City	State	Zip Code	Transaction ID	3347.32			
Grand Rapids	MI	49503		: d8513cc6-3e05-4563-a sement or Obligation			
Purpose of Expenditure Phone Calls		Category/ Type 004	10	29 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Greg Orman		X Oppose	President X				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2014 Other (spec						
Full Name of Payee			Date of Public	Distribution/Dissemination			
Darian F Lookout			10	29 2014			
Mailing Address 155 Indian Ave Box# 166				2011			
			Amount				
City	State	Zip Code		20.00			
Lawrence	KS	66046		: 3a9be3f5-a189-40fe-9 sement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10	29 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Greg Orman		Oppose	President X	Senate State: KS			
Calendar Year-To-Date Per Election for Office Sought	-,,	196953.44	Disbursement For: 2014 Other (spec	Primary			
(a) SUBTOTAL of Itemized Independent Expendit	ures)	3367.32			
(b) SUBTOTAL of Unitemized Independent Exper	ditures		· •	4 1 4			
(c) TOTAL Independent Expenditures			•	9			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 31	2014			
3.ga.a. 5							

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	ort Amends report filed	I on Man / Dab / Yayayay
Full Name of Payee Darian F Lookout		Date of Public Distribution/Dissemination
		10 29 2014
Mailing Address 155 Indian Ave Box# 166		Amount
City State	Zip Code	1.50
Lawrence KS	66046	Transaction ID: dceedb34-d2a1-4a38-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Mr. Greg Orman	Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	96953.44 Disbu 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City State	Zip Code	
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate		e Sought: House District:
Calendar Year-To-Date Per Election for Office Sought		ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	1.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	16435.56
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electron	ically Filed] Date	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Oigitaturo		

PAGE 164

OF